

N14 000006391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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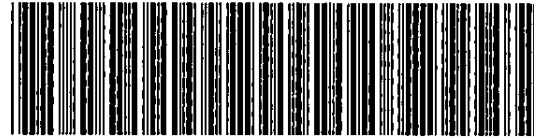
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
14 JUL -7 AM 10:12

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COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Living On Purpose Foundation, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Dharm S. Khalsa
Name (Printed or typed)

8620 NW 13th St. #361
Address

Gainesville FL 32653
City, State & Zip

352-301-4969
Daytime Telephone number

dharm.khalsa77@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Living on Purpose Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
8620 NW 13th St. #361
Gainesville FL 32653

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose for which Living on Purpose Foundation, Inc. is organized is to promote the teaching, learning and application of the principles and techniques of Satvatore Institute, Inc. which are designed to facilitate personal transformation through empowered communication, courageous introspection and purposeful action for each person who learns the principles and techniques of Satvatore Institute, Inc.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Institute, Inc.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mariah Rollins
Address: 2036 NW 31st Ave
Gainesville FL 32605
President

Name and Title: _____
Address: _____

Name and Title: Sarah Thompson
Address: 516 NW 19th Ave
Gainesville FL 32609
Secretary

Name and Title: _____
Address: _____

Name and Title: Dharm Khalsa
Address: 8620 NW 13th St #361
Gainesville FL 32653
Treasurer

Name and Title: _____
Address: _____

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DIVISION OF CORPORATIONS

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Dharm S. Khalsa
Address: 8620 NW 13th St. #361
Gainesville FL 32653

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dharm S. Khalsa
Address: 8620 NW 13th St. #361
Gainesville FL 32653

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Dharm S. Khalsa

Required Signature of Registered Agent

7-3-14

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Dharm S. Khalsa

Required Signature of Incorporator

7-3-14

Date