

014000011569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

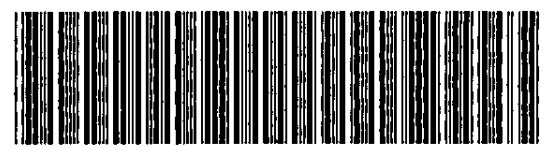
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

DEC 22 2014
C. SCOTT



600267565896

12/19/14--01007--003 **87.50

14 DEC 19 AM 3:50
DIVISION OF CORPORATIONS
SECRETARY OF STATE

COVER LETTER

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

SUBJECT: Equinox in the Oaks, 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: Michael C. Owens

Name (Printed or typed)

630 Raven Avenue

Address

Miami Springs, FL 33166

City, State & Zip

305-809-6876

Daytime Telephone number

envlaw@gmail.com

E-mail address: (to be used for future annual report notification)

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

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

The name of the corporation shall be: Equinox in the Oaks, Inc.

14730 Miami Lakeway S

Miami Lakes, FL 33014

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: **organizing and conducting spiritual retreats.**

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:
majority vote of the current directors.

Name and Title: **Traci Ardren, Director**

630 Rave Avenue
Miami Springs, FL 33166

Name and Title: Michael C. Owens, Director

630 Raven Avenue
Miami Springs, FL 33166

1855 SW Notre Dame Avenue
Port St. Lucie, FL 34953

Port St. Lucie, FL 34953

Manuel Tejeda, Director/Secretary

14730 Miami Lakeway S
Miami Lakes, FL 33014

Name and Title:

Address:

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Manuel Tejada
Address: 14730 Miami Lakeway S
Miami Lakes, FL 33014

14 DEC 19 AM 3:50

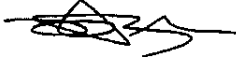
SECTION 153.07, F.S.
DIVISION OF CORPORATE REGISTRATION

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael C. Owens
Address: 630 Raven Avenue
Miami Springs, FL 33166

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



Required Signature of Registered Agent

12/15/14

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.



Required Signature of Incorporator

12/15/14

Date

AFFIDAVIT

BEFORE ME, the undersigned authority, this day personally appeared MICHAEL C. OWENS, Member of Equinox in the Oaks, L.L.C., who, upon first being duly sworn and cautioned, upon oath deposed and said as follows:

1. That I am, Michael C. Owens, Member of Equinox in the Oaks, L.L.C.
2. That I am familiar with the matters set forth herein and with the books and records of Equinox in the Oaks, L.L.C., a now-dissolved Florida limited liability company. I make this affidavit upon my own personal knowledge and am over 18 years of age.
3. The Members of Equinox in the Oaks, L.L.C., have not intent to revoke its dissolution and wish to have its name immediately available for incorporation as Equinox in the Oaks, Inc., a Florida not for profit corporation.

FURTHER AFFIANT SAYETH NAUGHT.

Michael C. Owens
MICHAEL C. OWENS, Member

[illegible]

SWORN TO AND SUBSCRIBED before me in the State and County aforesaid by

Michael C. Owens who is personally known to me this 15th day of December, 2014.

Aracelis Busacca
Signature of Notary Public – State of Florida

Lina Busacca
Printed Name of Notary Public

Affix Seal Below:

My Commission Expires:

NOTARY PUBLIC-STATE OF FLORIDA
Gina Busacca
 Commission # EE088917
 Expires: **MAY 01, 2015**
 BONDED THRU ATLANTIC BONDING CO., INC.

14 DEC 19 AM 3:21