

N150000010583

(Requestor's Name)

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(Address)

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☐ PICK-UP

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08/03/15--01001--004 \*\*78.75

15 OCT 28 PM 4:19

1115-52640

MD 10/29

## COVER LETTER

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

**SUBJECT:** Karma KAY

(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:** Karma KAY  
\_\_\_\_\_  
Name (Printed or typed)

106 22nd Ave SE  
\_\_\_\_\_  
Address

St Petersburg, FL 33705  
\_\_\_\_\_  
City, State & Zip

(727) 420-1671  
\_\_\_\_\_  
Daytime Telephone number

harinilender@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 5, 2015

KARMA KAY  
106 22ND AVE SE  
ST.PETERSBURG, FL 33705

SUBJECT: KARMA KAY  
Ref. Number: W15000052640

We have received your document for KARMA KAY and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 615A00016433

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

**ARTICLE I NAME**

The name of the corporation shall be: Karma KAY *Inc.*

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
106 22nd Ave SE

St Petersburg, FL 33705

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The organization is organized exclusively for charitable, religious educational, or scientific purposes under section 501(c)(3) of the Internal Revenue Code or corresponding section of any future tax code. Upon dissolution of this organization, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code or corresponding section of any future tax code, or shall be distributed to the federal government or to a state or local government, for a public purpose. Specifically this organization seeks to support yoga education servint communities with sparce resources.

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Haris Lender President

Address: 106 22nd Ave SE  
St Petersburg, FL 33705

Name and Title: Katie Toth - Vice President

Address: 106 22nd Ave SE  
St Petersburg, FL 33705

Name and Title: Sarah Hawks - Treasurer

Address: 106 22nd Ave SE  
St Petersburg, FL 33705

Name and Title: Kaite Brandes - Secretary

Address: 106 22nd Ave SE  
St Petersburg, FL 33705

Name and Title:

Address:

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: Evan Cohn  
Address: 106 22nd Ave SE  
St Petersburg, FL 33705

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**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Elizabeth Barnes  
Address: 146 2nd Street N Suite 310  
St Petersburg, FL 33701


**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

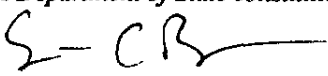
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

7/28/15  
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

7/27/15  
Date