

1/6000001974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

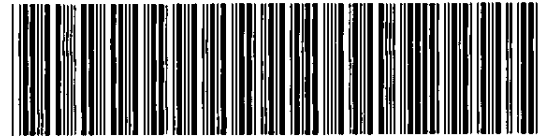
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/17/16--01003--027 **70.00

EFFECTIVE DATE
2-10-16

FEB 26 2016

S. GILBERT

FILED
16 FEB 17 PM 1:43
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: SELF DISCOVERY 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: LUISA VIVIANI
Name (Printed or typed)

5211 NE 27th Avenue
Address

LIGHTHOUSE POINT, FL 33064
City, State & Zip

954-610-4816
Daytime Telephone number

luisa.selfdiscovery@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: SELF DISCOVERY INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

5211 NE 27th Avenue
Lighthouse Point, FL 33064

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide a program which,
inspires and educate individuals to experience
peace and love within themselves.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luisa Viviani, President Name and Title: _____

Address 5211 NE 27th Avenue Address: _____
Lighthouse Point, FL 33064

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ 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: Luisa Viviani

Address: 5711 NE 27th Avenue
Lighthouse Point, FL 33064

ARTICLE VII INCORPORATOR

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

Name: Luisa Viviani

Address: 5711 NE 27th Avenue
Lighthouse Point, FL 33064

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/18/16 (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

02/09/16
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

02/09/16
Date