

N160000009613

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

~~6016-63386~~

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09/06/16--01006--015 \*\*78.75

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2016 SEP 29 AM 8:07  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

V HERRING

SEP 30 2016

## COVER LETTER

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

**SUBJECT:** Kaivalya Ayurveda, 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:** Roberto Portocarrero  
Name (Printed or typed)

138 NE 1st Ave  
Address

Hallandale Beach, FL 33009  
City, State & Zip

(786) 343-7066  
Daytime Telephone number

kaivalyaayurveda@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

September 14, 2016

ROBERT PORTOCARRERO  
138 NE 1ST AVE  
HALLANDALE BEACH, FL 33009

SUBJECT: KAIVALYA AYURVEDA, INC.  
Ref. Number: W16000063386

We have received your document for KAIVALYA AYURVEDA, INC. 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved nonprofit corporation. The name of a voluntarily dissolved nonprofit Florida corporation is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved corporation provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 016A00019537

Kaivalya Ayurveda, Inc.  
138 NE 1<sup>st</sup> Ave  
Hallandale Beach, FL 33009

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

To Whom It May Concern,

On August 30, 2016, I, Roberto Portocarrero, the sole owner and president of Kaivalya Ayurveda, Inc. voluntarily dissolved the S Corporation Kaivalya Ayurveda, Inc., document number P14000047348. I have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Thank you,

Roberto Portocarrero  
President  
Kaivalya Ayurveda, Inc.

  
\_\_\_\_\_

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

**ARTICLE I    NAME**

The name of the corporation shall be: Kaivalya Ayurveda, Inc.

FILED

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
138 NE 1st Ave

Hallandale Beach, FL 33009

Mailing address, if different is:

2016 SEP 29 AM 8:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: to help spread the seed of ayurvedic wisdom  
to a modern society through lifestyle counseling, health workshops,  
meditation, yoga, and ayurvedic treatments.

**ARTICLE IV    MANNER OF ELECTION** The manner in which the directors are elected and appointed: \_\_\_\_\_  
is set forth in the bylaws of the corporation.

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

Name and Title: Roberto Portoarrero/President

Address: 138 NE 1st Ave  
Hallandale Beach, FL 33009

Name and Title: Olga Smith/Treasurer

Address: 1000 NE 14th Ave  
Hallandale Beach, FL 33009

Name and Title: Paola Cortinez/Secretary

Address: 9770 NW 24th  
Sunrise, FL 33322

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

FILED

2016 SEP 29 AM 8:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Roberto Portocarrero

Address: 138 NE 1st Ave

Hallandale Beach, FL 33009

**ARTICLE VII INCORPORATOR**

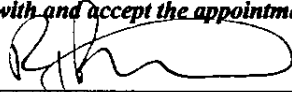
The **name and address** of the Incorporator is:

Name: Roberto Portocarrero

Address: 138 NE 1st Ave

Hallandale Beach, FL 33009

*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*

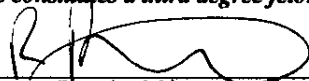


Required Signature of Registered Agent

08/30/16

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

08/30/16

Date