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SECRETARY OF STATE ALLAHASSEE, FLORID

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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2017

LINDA CHENARD 4542 GARNET DR. NEW PORT RICHEY, FL 34652

SUBJECT: ORGANIC MIND BODY & SOUL

Ref. Number: W17000015528

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

Please submit Only ONE SET of Articles; multiple Sets are unaccdeptable.

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.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 517A00003444

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

Organic Mind F SUBJECT:	Body & Soul		
50baec1.	(PROPOSED CORPO	RATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
enclosed is an original and	l one (1) copy of the Artic	les 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 CO	PY REQUIRED
L FROM:	IND [®] CLUKEY CHENARD		
	Name	(Printed or typed)	~

Daytime Telephone number

organicmindbodysoul@gmail.com

NEW PORT RICHEY, FL 34652

4542 GARNET DR

727-808-7226

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

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

Address

City, State & Zip



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

ARTICLE I The name of th	NAME Organic Mind I e corporation shall be:		
RTICLE II	PRINCIPAL OFFICE		
-	Principal street address:	Mailing address, if different is:	
4542	GARNEI' DR		
NEW	/ PORT RICHEY, FL 34652		
	or which the corporation is organized is:	mission to bring mindfulness medi	
		community venues. these services will include teacher training a	nd tools.
individual hea	Ith coaching.		
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ARTICLE IV	MANNER OF ELECTION The man	ner in which the directors are elected and appointed:	0
	MANNER OF ELECTION The man	ner in which the directors are elected and appointed:	0
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	ner in which the directors are elected and appointed:	0
ARTICLE V Name and Titl	NANCY CHENARD PRESIDENT e: 633 CERVICAL DR S	ner in which the directors are elected and appointed: TORS LINDA CLUKEY CHENARD, CEO Name and Title: 4542 GARNET DR	0
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT NANCY CHENARD PRESIDENT e:	ner in which the directors are elected and appointed: TORS LINDA CLUKEY CHENARD, CEO Name and Title:	0
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT NANCY CHENARD PRESIDENT e:	ner in which the directors are elected and appointed: TORS LINDA CLUKEY CHENARD, CEO Name and Title: 4542 GARNET DR Address:	0
ARTICLE V Name and Titl	INITIAL OFFICERS AND/OR DIRECT NANCY CHENARD PRESIDENT 633 CERVICAL DR S L.C. R. L.	TORS LINDA CLUKEY CHENARD, CEO Name and Title: 4542 GARNET DR NEW PORT RICHEY, FL 34653	
Name and Titl Address	INITIAL OFFICERS ANDIOR DIRECT NANCY CHENARD PRESIDENT E: 633 CERVICAL DR S C. C. R. J. J. G. D. R. S VINCE, FL 34285 MARK MILLER CFO E: 7811 TOPAY LN	ner in which the directors are elected and appointed: TORS LINDA CLUKEY CHENARD, CEO Name and Title: 4542 GARNET DR Address: NEW PORT RICHEY, FL 34653	0
ARTICLE V	INITIAL OFFICERS ANDIOR DIRECT NANCY CHENARD PRESIDENT e: 633 CERVICAL DR S C. C. KULLA DR S VINCE, FL 34285 MARK MILLER CFO e:	TORS LINDA CLUKEY CHENARD CEO Name and Title: 4542 GARNET DR Address: NEW PORT RICHEY, FL 34653	0
Name and Title Address Name and Title Address	INITIAL OFFICERS AND/OR DIRECT NANCY CHENARD PRESIDENT E: 633 CERVICAL DR S C. C. KULAG, D. D. S VINCE, FL 34285 MARK MILLER CFO E: 7811 TOPAY LN PORT RICHEY, FL 34668	TORS LINDA CLUKEY CHENARD CEO Name and Title: 4542 GARNET DR Address: NEW PORT RICHEY, FL 34653 Name and Title: Address:	0
Name and Title Address Name and Title Address	INITIAL OFFICERS ANDIOR DIRECT NANCY CHENARD PRESIDENT E: 633 CERVICAL DR S L.C. KUMAL DR. S VINCE, FL 34285 MARK MILLER CFO E: 7811 TOPAY LN PORT RICHEY, FL 34668 E:	TORS LINDA CLUKEY CHENARD CEO Name and Title: 4542 GARNET DR NEW PORT RICHEY, FL 34653 Name and Title: Address: Name and Title:	0
Name and Title Address Name and Title Address	INITIAL OFFICERS AND/OR DIRECT NANCY CHENARD PRESIDENT E: 633 CERVICAL DR S C. C. KULAG, D. D. S VINCE, FL 34285 MARK MILLER CFO E: 7811 TOPAY LN PORT RICHEY, FL 34668	TORS LINDA CLUKEY CHENARD, CEO Name and Title: 4542 GARNET DR NEW PORT RICHEY, FL 34653 Name and Title: Address: Name and Title:	0

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Address _	, ,	Address:		-
Name and Title:		Name and Title:		-
Λddress _ 		Address:		-
	REGISTERED AGENT lorida street address (P.O. Box NOT MARK MILLER 7811 TOPAY LN PORT RICHEY, FL 34668	acceptable) of the registered ager	nt is:	
	INCORPORATOR ddress of the Incorporator is: LINDA CLUKEY CHENA 4542 GARNET DR NEW PORT RICHEY, FL 3		EUREIANT OF STATE LLAHASSEE, FLORIDA	FILED 17 MAR -2 AM 9: 12
Effective date, if	EFFECTIVE DATE: Other than the date of filing:	- 2017 fic and cannot be more than fiv	TIONAL) e days prior or 90 days afte	r the filing.)
	e inserted in this block does not meet to ctive date on the Department of State'		uirements, this date will not b	e listed as the
	med as registered agent to accept selfamiliar with and accept the appointm	nent as registered agent and agre		Ū
to the Departmen	ument and affirm that the facts stated nt of State constitutes a third degree fo	d herein are true. I am aware tha Blony as provided for in s.817.15	t any false information submi	
Sta	4 Closh— Con Control Required Signature of	Incorporator	2 - 14 Date	-17