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(R	equestor's Name)				
(Address)					
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(C	ity/State/Zip/Phone #)	<del></del>			
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(Document Number)					
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JANUARION COMPONATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 28, 2018

DELANY DEAN 90 CRESCENT BLVD. SANFORD, FL 32771

SUBJECT: MINDFULNESS IN ACTION INC.

Ref. Number: W18000029743

We have received your document for MINDFULNESS IN ACTION 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 title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

Please return 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.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 818A00006208

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LEVALVACT OF STATE
ALLIAHASSEE FLORIDA

## **COVER LETTER**

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

SUBJECT:	Mind FulneSS In (PROPOSED CORPO	Action Inc. DRATE NAME - MUST IN	CLUDE ŞUFFIX)			
Enclosed is an original a	and one (1) copy of the Art	icles of Incorporation and	a check for:			
S70.00 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: Delay Dean Name (Printed or typed)  When the second Blvd. Address						
Sanford, FL 32771 City. State & Zip						
Daytime Telephone number						
E-mail address: (to be used for future annual report notification)						

NOTE: Please provide the original and one copy of the articles.  $\frac{1}{2}$ 

## ARTICLES OF INCORPORATION

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

The name of the corporation shall be: Mindilless	in Action, Inc.
ARTICLE II PRINCIPAL OFFICE	,
Principal street address:	Mailing address, if different is:
416 Sonford Are	90 Crescent Blid
Senford, FL 32771	Santod, FL 32771
health-related practices; to provide literature, science, psychatherapy, phil	f meditation, yoga, and after evidence-based space for low-cost workshops in the acts, esophy, spiritualty, and similar disciplizes; in after projects beneficial to our reighbors,
ARTICLE IV MANNER OF ELECTION The manner in bylows of carperation  ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR	which the directors are elected and appointed:
Name and Title: a. Delong Dean, Acount	Name and Title:
Address 90 Crescent Blod.	
Name and Title: Mary K, Show, Orleans	Jame and Title:
Address 416 Sanford Aire	\$ 5
Senford FL 327	Address:  Property of the state
Name and Title: Simples Eaten, Director	lame and Title:
Address 416 Senford Ave A Senford FL 32771	Address:
Sartor 1-6 52771	- <del></del>

Name and Title:	N	Name and Title:	
Address	Δ,	Address:	<del></del>
-			
Name and Title:	Λ	Name and Title:	
Address	Α	Address:	
			<del></del>
ARTICLE VI REGIS	STERED AGENT		
The name and Florida s	treet address (P.O. Box NOT acceptal	<del>-</del>	
Name:	i. Delany Dean		18 APR
Address:C	10 Crescent Blvd.		A STATE OF THE STA
	Sonfiel, FL 32771		C)
	,		PH 3
ARTICLE VII INCO. The name and address of			3: 44 FLORIDA
	a. Delany Dean		O V
	go crescent Blud		
	Santure fr 32771		
	Santwe, PC 36111	<del></del>	
ARTICLE VIII EFFE Effective date, if other th	CTIVE DATE: nan the date of filing: 31118	(OPTIONAL)	
(If an effective date is li	sted, the date must be specific and c	cannot be more than five days prior or 90 days	s after the filing.)
	d in this block does not meet the applic c on the Department of State's records	cable statutory filing requirements, this date will	not be listed as the
	·		
		process for the above stated corporation at the pegistered agent and agree to act in this capacity	place designated in this
(			10
	Required Signature of Registered Ag	3/2-	Date
I submit this document a	nd affirm that the facts stated herein o	are true. I am aware that any false information s	ubmitted in a document
	te const <del>itutes a third degr</del> ee felony as p	provided for in s.817.155, F.S.	
			20/18
	Required Signature of Incorpora	ator	Date

Required Signature of Incorporator