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## **COVER LETTER**

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

SUBJECT: The	Common Spo (PROPOSED CORPO	ice Inc.					
	(PROPOSED CORP	ORATE NAMÉ – <u>MUST IN</u>	ČLUDE 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: Abigail Felds
Name (Printed or typed)

96163 Somerset Dr. Apt 603

Fernandina Boh J. Fl. 32034
City, State & Zip

904-583-2220 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.

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

The name of the corporation shall be: The Common	Space Inc.
ARTICLE II PRINCIPAL OFFICE	1
Principal street address:  528 S. 8th St #3  Fornandina Boh.; FL.  32034	Mailing address, if different is:  910163 Somcosct-Dr.  Apt-603  Fernandina Beach, FL. 32034
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	cilitate a holimic
approach to emotional spir	itual and physical
Whotness. The Common Spaco	mll accomplish thu
goal through mental heat formation, healthy vocial a reducation and activities.	th counseling, spiritual
Compliance with the bylaws in members voting power to vote for so ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS PO	which give the board which give the board taking including management sthony directors, and other board members.
Name and Title: Abigall Fields Chair Name and	
Address 96163 Somerset Dr. Address: Apt 1603 F8, FL. 32034	fernandina Bch. Fl. 32034
Name and Title: Donna Waltery Gerdandand	I Title:
Address 86036 Carsars Ave Address: Yulco, Fl. 32097	19 FB
Name and Title: Name and Address:	Title:

Name and Title:_	Name and Title:			
Address _	Address:			
_				
-	na			
Name and Title:_	Name and Title:			
Address _	Address:			
	REGISTERED AGENT			
	orida street address (P.O. Box NOT acceptable) of the registered agent is:			
Name:	Abigall Foldy		19	
Address:	9663 Somerset Dr. Apt 603		9 FEB	
	Fernandina Bch, FL 32034			
ARTICLE VII The name and ad	INCORPORATOR  Idress of the Incorporator is:	777 777	* ## II:	in C
Name:	Abigail Fields		l: 25	
Address:	96163 Somerset Dr. Ad 603	2-	O1	63
	Fernandina Boh. 1 FL. 32034			
Effective date, if	other than the date of filing: 3119 . (OPTIONAL) ate is listed, the date must be specific and cannot be more than five days prior or 90 days	ys after the	filing.)	
	inserted in this block does not meet the applicable statutory filing requirements, this date w tive date on the Department of State's records.	ill not be liste	ed as the	e
Having been nan certificate, I am f	ned as registered agent to accept service of process for the above stated corporation at th amiliar with and accept the appointment as registered agent and agree to act in this capacity	e place desig v	ynated i	n this
Abipa	Required Signature of Registered Agent	31.19		
		Date		
I submit this doci to the Departmen	iment and affirm that the facts stated herein are true. I am aware that any false information tof State constitutes a third degree felony as provided for in s.817.155, F.S.	n submitted i	n a doci	ıment
. ئىلا	m. O. Aio Od)	21.10	ŀ	
	Required Signature of Incorporator	Date		