

PO1000089367

FLORIDA STATE COMPLIANCE

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**Transmittal Letter**

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

400004575054--0  
-09/07/01--01058--017  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: NAMASTE CENTER, 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

☐ \$122.50  
Filing fee  
& Certified Copy

☐ \$131.25  
Filing fee,  
Certified Copy,  
& Certificate

Additional Copy Required

FROM: Angelina Lucia  
Name (printed or typed)  
115 Bryn-Mawr Dr.  
Address  
Lake Worth, FL 33460  
City, State & Zip  
561-596-2809 or 561-585-5214  
Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 SEP - 7 AM 9:42

FILED

Note: Please provide the original and *one copy* of the articles.

PS  
9/12/01

01 SEP -7 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**Articles of Incorporation**

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

**ARTICLE I: NAME**

The name of the corporation shall be:

Namaste Center, Inc.**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

115 Bryn-Mawr Dr.LAKE WORTH, FL 33460**ARTICLE III: SHARES**The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000**ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Angelina Lucia115 Bryn-Mawr Dr.LAKE WORTH, FL 33460**ARTICLE V: INCORPORATOR(S)**

See instructions for officers/directors.

The name(s) and street addresses of the incorporator(s) to these Articles of Incorporation is (are):

Angelina Lucia115 Bryn-Mawr Dr.LAKE WORTH, FL 33460

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The undersigned incorporator(s) has(have) executed these Articles of Incorporation this  
3rd day of September, 2001.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(An additional article must be added if an effective date is requested.)

Anglin Linn  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Notarization is not required.

Note: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

Filing Fee \$70.00

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FILED

HOW TO INCORPORATE AND START A BUSINESS

01 SEP -7 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Certificate of Designation of  
Registered Agent/Registered Office**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:  
NAMASTE CENTER, Inc.
2. The name and address of the registered agent and office is:

Angelina Lucia  
(Name)  
115 Bayn - Mawr Dr.  
(P.O. Box or Mail Drop Box NOT Acceptable)  
LAKE WORTH, FL. 33460  
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature)

Angelina Lucia

(Date)

8/3/01

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314