## DO/OOO/OO97 TRANSMITTAL LETTER

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

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SUBJECT: NATURE CURE and YOGA HEALTH CENTER, INC.

Enclosed are an original and one (1) copy of the artic	cles of incorporation and	a check for:
□ \$70.00 □ \$78.75 Filing Fee Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: ASHISH SANGHRAJKI Name (1		
	INDIA DRIVE	<u> </u>
STUART, PL	34996 State & Zip	·
561 - 287 · 7	995	<del></del>

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be: NATURE CURE and YOGA HEALTH GENTRE, INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 20 S. VIA LUCINDIA DRIVE,  STUART, FL 34996
ARTICLE III PURPOSE The purpose for which the corporation is organized is: YOGA and Holistic CENTRE
ARTICLE IV SHARES The number of shares of stock is: 1000 SMARE
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)  The name(s), address(es) and title(s): ASHISH SANGHRAJKA, PRESIDENT  20 S. VIA LUCINDIA DRIVE  STUARI, PL 34996
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:
ASHISH SANGHRAJKA  20 S - VIA LUCINDIA DRIVE  STUBRTI FL 34996  The name and address of the Incorporator is:  ASHISH SANGHRAJKA  20 S - VIA LUCINDIA DRIVE
STUART, FL 34996 ***********************************
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
Signature/Registered Agent  Date
Signature incorporator Date
Date

ARTICLES OF INCORPORATION