

P02000056170

TRANSMITTAL LETTER

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

FILED
02 MAY 20 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800005573998--3
-05/20/02-01034-003
*****70.00 *****70.00

SUBJECT: OR-SHANTI INCORPORATED
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status
ADDITIONAL COPY REQUIRED

FROM: AVIVA MAYER Name (Printed or typed)
7201 SW 11 STREET Address
PLANTATION, FLORIDA 33317 City, State & Zip
(954) 583-0562 Daytime Telephone number

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

05/21

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

OR-SHANTI INCORPORATED

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7201 SW 11 STREET, PLANTATION FL 33317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

YOGA

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

AVIVA MAYER - PRESIDENT

7201 SW 11 STREET, PLANTATION FL 33317

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: AVIVA MAYER

7201 SW 11 STREET, PLANTATION FL 33317

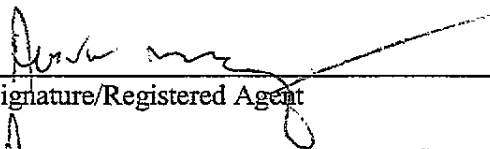
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

AVIVA MAYER

7201 SW 11 STREET PLANTATION FLORIDA 33317

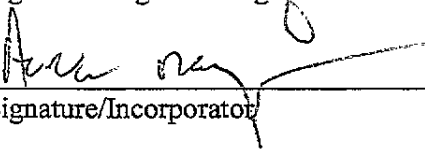
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Date



Signature/Incorporator



Date

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