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(Danisa Anda Nassa)				
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(Business Entity Name)				
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TALLAHASSEF FINALE.

J. Shivers AUG 25 20161

COVER LETTER

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

SUBJECT: Mimi's Yoga, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)						
Enclosed are an orig	ginal and one (1) copy of the article \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
FROM:	Karen J. Roumi	(Printed or typed)				
1519 State Road 13 Address TALLAHASS						
	Fruit Cove, f	TL 32259 State & Zip	ASSEE, F	P	FILED	
	904 - 707-52	LO7	STATE LORID,	2: 33	_	

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

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: Mimi's Yoga, I	nc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1519 State Fruit Cove	Road 13 FL 32259
ARTICLE III PURPOSE The purpose for which the corporation is organized is: 409a	Instructor
ARTICLE IV SHARES The number of shares of stock is: One thousand ((000)
ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR List name(s), address(es) and specific title(s): Kaven J. Roumillat, Pres 1519 State Road 13 Fruit Code, FL 32259	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of Kaven J. Roum! llat 1519 State Road 13 Fruit Cove, FL 32259	the registered agent is: STATE STATE
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Karen J. R. 1519 State Fruit Cove	oumillat Road 13 , FL 32259
***************	*********
Having been named as registered agent to accept service of process for the above certificate, I am familiar with and accept the appointment as registered agent and a	
P. O.P. ODA	
Signature/Registered Agent	8-23-06 Date
Kana OR Roma 00-	Date 8-23-06
Signature/Incorporator	Date