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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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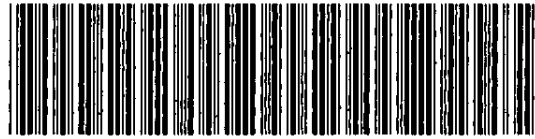
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

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

**SUBJECT:** SHIVANI AYURVEDIC SPA, INC

(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:** SONIA GAMBA

Name (Printed or typed)

10845 SW 112 AVENUE, APT 306

Address

MIAMI, FLORIDA 33176

City, State & Zip

786-547-5963

Daytime Telephone number

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

**ARTICLES OF INCORPORATION OF SHIVANI AYURVEDIC SPA, INC.**

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

**ARTICLE I- NAME**

The name of this Corporation shall be: **SHIVANI AYURVEDIC SPA, INC.**

**ARTICLE II – PRINCIPAL OFFICE**

The address for this corporation is: 7800 SW 57 Avenue, Suite 207C, South Miami, Florida 33143.

**ARTICLE III – PURPOSE**

This Corporation shall have perpetual existence and may engage in any and all lawful business under the laws of the State of Florida.

**ARTICLE IV- SHARES**

The corporation is authorized to issue 100 shares of one dollar (\$1.00) par value common stock.

**ARTICLE V- INITIAL OFFICERS AND/OR DIRECTORS**

This Corporation shall have one director initially. The number of director may be either increased from time to time by the by-laws, but shall never be less than one (1). The initial director of this Corporation is **SONIA LUCIA GAMBA**.

**ARTICLE VI- REGISTERED AGENT**

The name and address of the Registered Agent of this Corporation is: **SONIA LUCIA GAMBA, 10845 SW 112 Avenue, Apt 306, Miami, FL 33176**

**ARTICLE VII – INCORPORATOR**

The name and address of the person signing this Article is:  
**SONIA LUCIA GAMBA, 10845 SW 112 Avenue, Apt 306, Miami, FL 33176**

**ARTICLE VII – BY-LAWS**

The power to adopt, alter, amend or repeal by-laws shall be vested in the Board of Directors and the Shareholders.

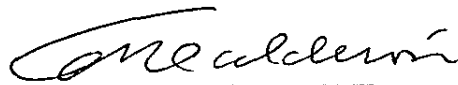
IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 26 day of June, 2008.


  
SONIA LUCIA GAMBA  
INCORPORATOR

STATE OF FLORIDA       )  
COUNTY OF MIAMI-DADE)

**BEFORE ME**, a notary public authorized to take acknowledgments in the State and County set forth above, personally appeared **SONIA LUCIA GAMBA**, known to me and known by me to be the person who executed the foregoing Articles of Incorporation, and she acknowledged before me that she executed the same.

**IN WITNESS WHEREOF**, I have hereunder set my hand and affixed my official seal, in the state and County aforesaid this 26<sup>th</sup> day of June, 2008.

  
\_\_\_\_\_  
**NOTARY PUBLIC**  
**STATE OF FLORIDA AT LARGE**  
My Commission Expires

NOTARY PUBLIC-STATE OF FLORIDA  
 **Marina I. Calderon**  
Commission #DD362872  
Expires: OCT. 14, 2008  
Bonded Thru Atlantic Bonding Co., Inc.