

P100000 11891

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(City/State/Zip/Phone #)

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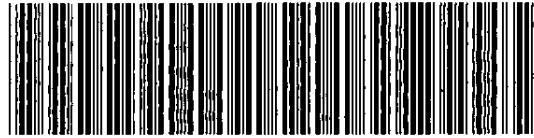
Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2-9-10 *ch*

COVER LETTER

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

SUBJECT: My Energy Place, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

check
#1044

☒ \$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: Kathryn M. Lorenzini

Name (Printed or typed)

2050 E. Oakland Park Blvd. #205

Address

Ft. Lauderdale, Florida 33306

City, State & Zip

877-234-6775

Daytime Telephone number

kathryn@uniqueimage.com

E-mail address: (to be used for future annual report notification)

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:

My Energy Place, Inc

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

2050 E. OAKLAND PARK Blvd. #205
Ft. Lauderdale FL 33306

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Self improvement workshops

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Kathryn M Lorenzini - President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Kathryn Lorenzini
2050 E. Oakland Park Blvd #205
Ft. Lauderdale, FL 33306

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Kathryn M Lorenzini

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

Kathryn M Lorenzini
Signature/Registered Agent

2-4-10

Date

Kathryn M Lorenzini
Signature/Incorporator

2-4-10

Date

FILED
10 FEB - 8 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA