## P11000051443

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(200,000 2,000,000,000,000,000,000,000,00				
(Document Number)				
Certified Copies Certificates of Status				
Considerations to Filips Officer				
Special Instructions to Filing Officer:				

Office Use Only



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## **COVER LETTER**

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

SUBJECT: SutraWellness, Inc.	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee, & Certified Copy Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Susan Mencia Name	(Printed or typed)
6741 W Sunrise Blvd #8	Address
Plantation, FL 33313 City,	State & Zip
954-297-2210 Daytime T	elephone number
msusanmencia@yahoo.e E-mail address: (to be used	COM d 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 The name of the o	SutraWellness, Inc.			
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address	Mailing a	ddress, if different is:	
	6741 W Sunrise Blvd #8			
	Plantation, FL 33313		<u> </u>	
ARTICLE III	E DO COP	<del></del>		
	which the corporation is organized is:			
	tail establishment and Yoga studio and	d other legal and law	ful purposes as the board	
	establish in corporate meetings.	J	• •	
ARTICLE IV	SHARKS			
	eares of stock is: 200			
	INITIAL OFFICERS AND/OR DIRECTOR			
	Title: Susan Mencia, President			
Address:	6741 W Sunrise Blvd #8			
	Plantation, FL 33313			
Name and	Title:Megan Hurdman, Vice-President	Name and Title:		
Address:	6741 W Sunrise Blvd #8			
	Plantation, FL 33313	_		
Nome and	Telo	Nhora and Title:	·····	
Address:	Title:			
ARTICLE VI	REGISTERED AGENT			
The name and F	lorida street address (P.O. Box NOT acceptable) of	f the registered agent is:	TAPE MAY	
Name:	Susan Mendia	_	5% w 76	
Address:	6741 W Sunrise Blvd #8	_		
	Plantation, FL 33313	_		
ARTICLE VII	INCORPORATOR		the second secon	
	oldness of the Incorporator is:		<u> </u>	
Name:	Susan Mencia	_	<b>FE S</b>	
Address:	6741 W Sunrise Blvd #8	_	-	
	Plantation, FL 33313	_		
	med as registered agent to accept service of proces am familiar with and accept the appointment as reg			
	Ausar Mercia		5/19/2011	
-	Required Signature/Registered Agent	<u></u>	Date	
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon			
	4			
L.	esan Chercia		5/19/2011	
	Required Signature/Incorporator		Date	