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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please**

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FLORIDA PROFIT/NON PROFIT CORPORATION

International Yoga and Wellness Center, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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11 JUN 21 PM 1:17

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: INTERNATIONAL YOGA AND WELLNESS CENTER, 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: NEIL LACHMAN
Name (Printed or typed)

LACHMAN & LACHMAN, 444 MADISON AVE, 28 Floor
Address

NEW YORK NY 10022
City, State & Zip

(212) 371 8319
Daytime Telephone number

neil.lachman@aif.org
E-mail address: (to be used for future annual report notification)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: INTERNATIONAL YOGA AND WELLNESS CENTER, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
TRAVELodge SUITES MainGate
4694 N. IRLO BRADSON MEMORIAL HWAY
KISSIMMEE, FL. 34746

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROMOTE PHYSICAL AND MENTAL HEALTH BY UTILIZING THE ANCIENT
INDIAN SYSTEM OF YOGA AND AYURVEDA. IT WILL INCLUDE MEDITATION,
YOGA EXERCISES, DIET, HERBS AND OTHER LIFESTYLE MODIFICATION

ARTICLE IV SHARES

The number of shares of stock is: 1000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ADARSH K. MEHTA, PRESIDENT
Address: Travelodge Suites MainGate
4694 N. IRLO BRADSON MEMORIAL HWAY
KISSIMMEE, FL. 34746

Name and Title: SANJAY K. MEHTA, DIRECTOR
Address: 108-15 68th DRIVE
FOREST HILLS, NY 11375

Name and Title: RICHAR MEHTA VICE-PRESIDENT
Address: Travelodge Suites MainGate
4694 N. IRLO BRADSON MEMORIAL HWAY
KISSIMMEE, FL. 34746

Name and Title: _____
Address: _____

Name and Title: DR. BUDY K. MEHTA, DIRECTOR
Address: 108-15 68th DRIVE
FOREST HILLS, NY 11375

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: C T Corporation System
Address: 1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NEIL LACHMAN
Address: 444 MADISON AVE 28 Floor
NEW YORK NY 10022

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
C T Corporation System

By:

Robert O'Byrne
Required Signature/Registered Agent

Robert O'Byrne
Vice Preside

06/20/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Neil Lachman
Required Signature/Incorporator

6/20/2011
Date

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TALLAHASSEE, FLORIDA