

P110000077578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

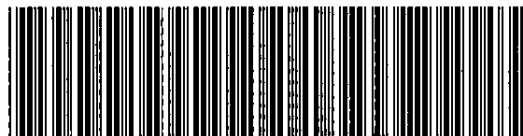
(Business Entity Name)

(Document Number)

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W11-42453

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 31 PM 12:35

COVER LETTER

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

SUBJECT: On My OM, 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: LESLY JACKELINE DURAN
Name (Printed or typed)

615 NE 22ND STREET UNIT 1108
Address

MIAMI, FLORIDA 33137
City, State & Zip

305.367.1423
Daytime Telephone number

LESLY@ONMYOM.COM
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 AUG 31 AM 11:12

DIVISION OF CORPORATIONS

August 15, 2011

LESLEY DURAN
615 NE 22ND STREET UNIT 1108
MIAMI, FL 33137

SUBJECT: ON MY OM, INC.
Ref. Number: W11000042453

We have received your document for ON MY OM, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 511A00019058

ARTICLE I NAME ON MY OM, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
615 NE 22nd Street Unit 1108
Miami, Florida 33137

Mailing address, if different is:

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Promote wellness and self empowerment through the teachings and practice of yoga, meditation, aromatherapy and a well balanced diet.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lesly Jackeline Duran
Address: President
615 NE 22nd Street Unit 1108
Miami, Florida 33137

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Lesly Jackeline Duran
Address: 615 NE 22nd Street Unit 1108
Miami, Florida 33137

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lesly Jackeline Duran
Address: 615 NE 22nd Street Unit 1108
Miami, Florida 33137

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

Lesly Duran / Lesly Duran
Required Signature/Registered Agent

7-28-2011
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.

Lesly Duran
Required Signature/Incorporator
Lesly Duran

7-28-2011
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG 31 PM 12:39