Ph 000088698

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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T. SWINGLE OCL 17 SOLL!

COVER LETTER

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

SUBJECT: STATE OF MIND SOLUTIONS, LLC = INC.				
(PROPOSED CORPORA	TE NAME - MUST INCLUDES DITTED			
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:			
\$70.00 S78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED			
FROM: SURENA CHOPRA Name	(Printed or typed)			
3900 North West, 79th Avenue, Ste. 324				
DORAL. FL. 33166 City, State & Zip				
404 - 316 - 4226 Daytime Telephone number				
surena.chopra@amail.com E-mail address: (to be used for future annual report notification)				
NOTE: Please provide the or	riginal and one copy of the articles.			

SECRETARY OF STATE

Surena Chopra

3900 North West 79th Avenue, Ste 324 Doral, FL. 33166

Tele: 404-316-4226. Fax: 770-640-9852 Email: surena.chopra@gmail.com

October 4, 2011

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL. 32301

TO WHOMSOEVER IT MAY CONCERN.

I had incorporated on line a profit Corporation under the name:
"State OF Mind Solutions, INC.

Date of Filing December 08, 2010. Filing No. P10000099354

It was my understanding that the effective date of operations will be

January 1, 2011. However, there appears to be confusion in establishing the
effective date of operations as indicated in State of Georgia's record.

"I have no Intentions of reinstating the old corporation filed under no. P10000099354"

I'm attaching the new Articles of Incorporation Effective immediately, along with a check in the amount of \$70.00.

Should you have any questions please don't hesitate to contact me.

Sincerely,

Surena Chopra 404-583-6688 SECRETARY OF STATE TALLAHASSEE, FLORIDA

TI

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

The name of the corp	CAME STATE OF MIND SC crucion shall be:	DLUTIONS, INC.	
39 79:	Principal OFFICE Principal Street address 00 North West th Avenue, Ste. 324 (cd. Ft. 33166	Mailing address, if different is: P.O. Box 330495 Miami. Fl. 33233	
• •	DRFOSE ch the corporation is organized is: O ALL LAWFUL BUSINESS		
ARTICLE IV S	WARES		
ADDRESS D	NITIAL OFFICERS AND/OR DIRECTORS	9	
Name and Titl	-Surena Choore President	Name and Title:	
Address:	3900 North West	Address:	
,,	79th Avenue, Sta. 324		
	Dorel FL 33168		
	61 <u></u>	Name and Title:	
Address:		Address:	
Name and Titl Address:	•	Name and Title:	
	egistered AGENT descript address (P.O. Box NOT acceptable) of Surena Chopra 3900 North West 79th Avenue, Sie 324 Dopal, FL 3311	•	SI TAI
ARTICLE VII	NCORPORATOR		
The same and addr	res of the Incorporator is:		> ×
Name:	Surena Chopra		A H
Address:	3900 North West	-	TAR IASS
	79th Avenue, Ste. 324, Doral, FL. 3316	56	S
	familiar with and accept the appointment as regi- ———	for the above stated corporation at the place designated in stated agent and agree to act in this capacity 10/4/11 Date	EE, FI
	Required Signature/Registered Agent	Dute	O :
i submit this docum document to the Dep		true. I am grouve that the faire information submitted in a east provided for in s.R17.155, F.S.	ORIDA

Required Signature/Incorporator

2011 OCT 10 AM 5: 48

10/4/11