

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





200219793132

02/03/12--01007--001 **78.75

12 FEB -3 PH H 37



COVER LETTER

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

SUBJECT: Hot Yoga Lounge, Inc	the (1) copy of the articles of incorporation and a check for: \$78.75 \$87.50 Filing Fee & Filing Fee, & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Outrick Name (Printed or typed)				
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)			
Filing Fee Filing Fee, & Certificate of Status					
Filing Fee Filing Fee	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status			
FROM: <u>Heather Doutrick</u>	्रकृत्य व्हर्मयू १९ इ.स्ट्रेसीय	; 4 ′ · ·			
	(Printed or typed)	<u> </u>			
3 River Place	Address				
Palm Coast, FL 32164 City,	State & Zip				
386-206-3771	elephone number				
Hmdyoga@hotmail.com E-mail address: (to be used	I for future annual report	notification)			

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

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

ARTICLE I The name of the co	 1101 1002 1001105. 111	C .				
ARTICLE II	PRINCIPAL OFFICE					
S	Principal street address 00 Palm Coast Parkway SW ite 207 Im Coast, FL 32137		Mailing address, if different is:			
ARTICLE III	PURPOSE					
The purpose for w To provide Ye	rhich the corporation is organized is: oga classes.					
ARTICLE IV The number of share		nrs				
	itle: Heather Doutrick, President		Title: Amber Corp	ion, Vice Pre	sident	
Address:	3 River Place Palm Coast, FL 32164	Address:	14 Peyton P Palm Coast	lace FL 32164		
Name and To Address:	itle:	Address:	 			
Name and To Address:	itle:	Address:	Title:			
				12	1923	
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable	a) of the registers	d saent ie:	J.		
Name: Address:	Peter Cavaliere 125 Laramie Drive Palm Coast, FL 32137	<u> </u>	u ugun 15.	€8 - 3		
ADTICLE III	INCORPORATOR				1	
The name and add	dress of the Incorporator is:				14 to 1	
Name:	Heather Doutrick			ம்		
Address:	3 River Place Palm Coast, FL 32164			<u>-11</u>	35	
	ed as registered agent to accept service of prome familiar with and accept the appointment as				gnated in	
	tharoline		1/2	26/12		
	Required Signature/Registered Agent			Date		
	ement and affirm that the facts stated herein epartment of State constitutes a third degree fe			formation subm	uitted in a	
yeaster	teropick		1,	/26/12		
7	Required Signature/Incorporator			Date		