

P12000060713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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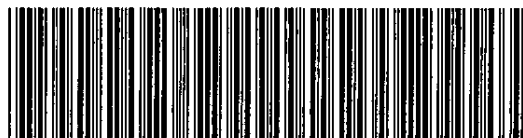
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JUL 11 2012

## COVER LETTER

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

SUBJECT: The Center For Your Inner Connection, 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: Reverend Gail Fein  
Name (Printed or typed)

1710 N.W. 187 Street  
Address

Miami Gardens, Florida 33056  
City, State & Zip

(305) 621-5059  
Daytime Telephone number

Lookyourverybest@aol.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

**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 NAME

The name of the corporation shall be:

The Center For Your Inner Connection, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address

1710 N.W. 187 Street  
Miami Gardens, Florida 33056

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of this Center is to assist people of all ages with life's challenges. The goal is to live on the physical plane with a true feeling of love and respect to one's self and others. To let go of fear and feel confident with whatever they choose to accomplish in their life. Most importantly to stay focused and know that everything is possible.

## ARTICLE IV SHARES

The number of shares of stock is: 100,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Reverend Gail Fein, President  
Address: 1710 N.W. 187 Street  
Miami Gardens, Florida 33056

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Dawn Fein, Vice President  
Address: 5821 S.W. 14 Street  
Plantation, Florida 33317

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: Dawn Fein  
Address: 5821 S.W. 14 Street  
Plantation, Florida 33317

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Reverend Gail Fein  
Address: 1710 N.W. 187 Street  
Miami Gardens, Florida 33056

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

Dawn S Fein

Required Signature/Registered Agent

July 6, 2012  
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.

Reverend Gail Fein  
Required Signature/Incorporator

July 6, 2012  
Date

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SECRETARY OF STATE