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12 SEP -4 PM 12:30  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

11/14

## COVER LETTER

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

SUBJECT: DIVINE SPARK 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: Gustavo Barni  
Name (Printed or typed)  
1450 SW 17<sup>th</sup> St.  
Address  
Boca Raton, FL 33486  
City, State & Zip  
954-461-8789  
Daytime Telephone number  
Gvsbarni@gmail.com  
E-mail address: (to be used for future annual report notification)

**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: DIVINE SPARK INC

**FILED**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1450 S.W. 17<sup>th</sup> St.  
Boca Raton, FL 33486

Mailing address, if different is: 12 SEP -4 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To sell product for mental & physical health

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Gustavo Barni / President  
Address: 1450 SW 17<sup>th</sup> St.  
Boca Raton, FL 33486

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

Name and Title: Kim Jones / Vice President  
Address: 7805 Sanibel Drive  
Tamarac, FL 33321

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: Gustavo Barni  
Address: 1450 SW 17<sup>th</sup> St.  
Boca Raton, FL 33486

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Gustavo Barni  
Address: 1450 SW 17<sup>th</sup> St.  
Boca Raton, FL 33486

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

[Signature]  
Required Signature/Registered Agent

8/29/12  
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.

[Signature]  
Required Signature/Incorporator

8/29/12  
Date