

P130000048216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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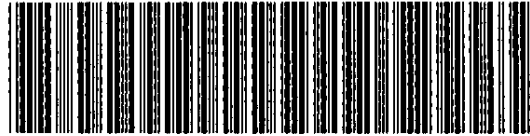
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUN -3 PM 2:31

Ps 6/4/13

COVER LETTER

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

SUBJECT: Yoga Vie, Incorporated

(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
N 6,
[Signature]

☐ \$78.75
Filing Fee
& Certified Copy
☒ \$37.50
Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Lori Bertoline

Name (Printed or typed)

2456 Central Avenue

Address

Saint Petersburg, Florida

City, State & Zip

33712

727-793-7816

Daytime Telephone number

lbertolini@live.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. (Prof 5)

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ARTICLE I NAME

The name of the corporation shall be: Yoga Vie, Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2456 Central Avenue

Saint Petersburg, FL
33712

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Yoga and Pilates

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lori Bertoline - President Name and Title: _____

Address: 2456 Central Avenue Address: _____

Saint Petersburg, FL

33712

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

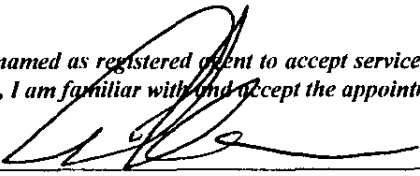
Name: Curt Kadau
Address: 4039 48th Avenue S.
St. Petersburg, FL 33711

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Curt Kadau
Address: 4039 48th Avenue S
St.petersburg, FL 33711

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

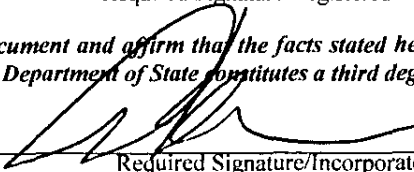


Required Signature/Registered Agent

5/28/2013

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.



Required Signature/Incorporator

5/28/2013

Date