

P13000059950

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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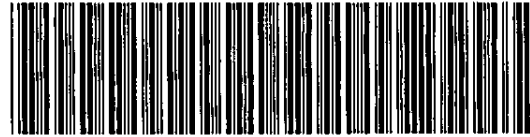
(Business Entity Name)

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DIVISION OF CORPORATIONS
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7/15/13

COVER LETTER

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

SUBJECT: SOUTH FLORIDA CENTER FOR MINDFULNESS, PA 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: Sharon M Theroux, PhD
Name (Printed or typed)

7100 W CAMINO REAL # 123
Address

BOCA RATON, FL 33433
City, State & Zip

954-801-7627
Daytime Telephone number

DrTheroux@Comcast.net
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: SOUTH FLORIDA CENTER FOR MINDFULNESS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7100 W. CAMINO REAL #123

BOCA RATON, FL 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROMOTE MINDFULNESS

By Education Through a variety of mindfulness-based
Practices, and conduct research on the effects of
mindfulness-based practices on ^{overall} well being.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sharon M Theroux, PhD - Director Name and Title: _____

Address 7100 W Camino Real Address: _____

#123

BOCA RATON, FL 33433

Name and Title: Christopher Fichera, PhD - President Name and Title: _____

Address 7100 W Camino Real Address: _____

#123

BOCA RATON, FL 33433

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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(conti.)

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: Sharon M Theroux, PhD

Address: 7100 W LAMMO Real #123

Boca RATON, FL 33433

ARTICLE VII INCORPORATOR


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

Name: Sharon M Theroux, PhD

Address: 7100 W LAMMO Real #123

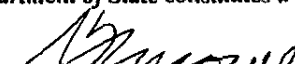
Boca RATON, FL 33433

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

7/9/13
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

7/9/13
Date