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2013 AUG 12 PM 12:07

144

## COVER LETTER

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

SUBJECT: SAGE HOLISTIC INSTITUTE 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: SANDRA FREIRE AGUIAR  
Name (Printed or typed)

5701 COLLINS AVENUE # 206  
Address

MIAMI, FLORIDA - 33140  
City, State & Zip

(786) 296-4640  
Daytime Telephone number

sandraaguia9@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: SAGE HOLISTIC INSTITUTE, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5701 COLLINS AVE. #406

MIAMI, FLORIDA

33140

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: HOLISTIC STUDIES,  
HOLISTIC THERAPIES, LIFE COACHING,  
WORKSHOPS, SEMINARS, EVENTS,  
EDITORIAL PROJECTS, MEDIA RELATIONS,  
OTHER.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000 (ONE THOUSAND)

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

Name and Title: SANDRA F. AGUIAR (CEO)

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

Address 5701 COLLINS AVE.  
#406 MIAMI, FL  
33140

Address: \_\_\_\_\_

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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DIVISION OF CORPORATION  
2019 AUG 12 PM 12:07

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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: SANDRA FREIRE AGUIAR  
Address: 5701 COLLINS AVENUE # 706  
MIAMI, FLORIDA - 33140

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SANDRA FREIRE AGUIAR  
Address: 5701 COLLINS AVE # 706  
MIAMI - FLORIDA - 33140

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

Sandra Freire Aguiar  
Required Signature/Registered Agent

08/05/2013  
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.

Sandra Freire Aguiar  
Required Signature/Incorporator

08/05/2013  
Date