

P13000068570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

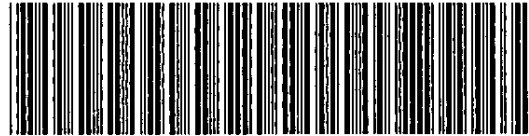
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900250750959

08/15/13--01014--009 **78.75

13 AUG 15 PM 2:00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Ps 8/21/13

COVER LETTER

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

SUBJECT: Atman Center, 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: Andria Schenbeck
Name (Printed or typed)

9365 US Hwy 19 N Suite B
Address

Pinellas Park, FL 33782
City, State & Zip

727-474-1236
Daytime Telephone number

andi@theatmancenter.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:

Atman Center, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 AUG 15 PM 2:00

ARTICLE II PRINCIPAL OFFICE

Principal street address

9365 US Hwy 19 N Suite B
Pinellas Park, FL 33782

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sharing sacred space in collaboration with holistic practitioners and spiritual educators- sharing office and meeting space.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andria Schenbeck, President

Address: 3301 18th Street North

St Petersburg, FL 33713

Name and Title: _____

Address: _____

Name and Title: Emily Rivera Andrews, Vice President

Address: 1159 7th Street South

Safety Harbor, FL 34695

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: Andria Schenbeck

Address: 3301 18th Street N

St Petersburg, FL 33713

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Andria Schenbeck

Address: 3301 18th Street N

St Petersburg, FL 33713

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

Andria Schenbeck

08/12/13

Required Signature/Registered Agent

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.

Andria Schenbeck

08/12/13

Required Signature/Incorporator

Date