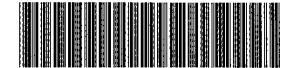
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(Requestor's Name)				
(Address)				
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(Ĉit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

PS 11/5/13

SHANTI, CENTERS, INC. 11030 SW 42ND CT. DAVIE, FL 33328

October 24, 2013

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

I incorporated my business online as a corporation under the name SHANTI CENTERS, INC.

I did not receive any notification for annual reports for 2013.

I have no intention of reinstating the old corporation filed under number P01000077051

I am attaching the new Articles of Incorporation effectively immediately, along with a check for \$70.00

Should you have any questions, please do not hesitate to contact me.

Sincerely,

May

Darlene Mars

A proposal proposal contraction of the contraction of the

COVER LETTER

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

GUDULCI.	CENTERS, OPPOSED CORPORAT	INC. e name – <u>must incli</u>	UDE SUFFIX)
Enclosed are an original and on	e (1) copy of the artic	les of incorporation and	a check for:
Filing Fee Filing Fee & Certif	· .	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: MARS,	DARLENE		
11030 5	SW 42ND C	Printed or typed)	
DAVIE,	FL 33328	idress	
954-434	1-3377	tate & Zip	

NOTE: Please provide the original and one copy of the articles.

DARLENE@HARMONYHOUSEYOGA.COM

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION

	ARTICLES OF INCOLENT In compliance with Chapter 607 and/o	RPORATION FILED Or Chapter 621, F.S. (Profit)
ARTICLE I NAM The name of the corporati	E SHANTI CENTERS	or Chapter 621, F.S. (Profit) SECRETARY OF STATE DIVISION OF CORPORATION S, INC. 13 NOV -4 PM + 05
ARTICLE II PRIN	ICIPAL OFFICE Principal <u>street</u> address	Mailing address, if different is:
DAVIE, FL 333		
ARTICLE III PURF The purpose for which th	POSE e corporation is organized is:	AWFUL BUSINESS
ARTICLE IV SHALE The number of shares of share	IAL OFFICERS AND/OR DIRECTORS	
Name and Title:		Name and Title:
Address	11030 SW 42ND CT DAVIE, FL 33328	Address:
		,
Name and Title:		Name and Title:
Address		Address:
		
Name and Title:		Name and Title:
Address		Address:
		· · · · · · · · · · · · · · · · · · ·

(conti.)

FILED

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SECRETARY OF STATE

DIVISION OF CORPORATIONS

Name and	Title:	_ Name and Title:	13 NOV -4 PM 1- 09
Address		_ Address:	
		_	
		_	
ARTICLE VI	REGISTERED AGENT		
The <u>name and Flo</u>	prida street address (P.O. Box NOT acceptable) of MARS, DARLENE	f the registered agent	is:
Name:	11030 SW 42ND CT	_	
Address:		-	,
	DAVIE, FL 33328	_	
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	MARS, DARLENE	_	
Address:	11030 SW 42ND CT	_	
	DAVIE, FL 33328	-	
	ned as registered agent to accept service of proces on familiar with and accept the appointment as re		
	Shous		10/31/13
	Required Signature/Registered Agent		Date
I submit this doct	iment and affirm that the facts stated herein are Department of State constitutes a third degree feloi	true. I am aware th	at the false information submitted in a s.817.155, F.S.
	Snars	.y g . o	10/31/12
	Required Signature/Incorporator		Date