# P14000025463

(Re	equestor's Name)			
(Ac	ldress)			
(				
(Ac	idress)			
(Ci	ty/State/Zip/Phone	e #)		
•		,		
PICK-UP	☐ WAIT	MAIL.		
(Bu	isiness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



300257468163

03/10/14--01032--009 \*\*87.50

14 HAR 21 AM 8: 07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

WI4 Melle

MAR 2 4 2014 J. BRYAN

#### **COVER LETTER**

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



(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:	Nicole Cornelius
I KOWI.	Name (Printed or typed)
	450 Alton Rd. Suite 2608
	Address
	Miami Beach, FL 33139
	City, State & Zip
	305 804 0773
	Daytime Telephone number
	nicolecornelius@msn.com
	E-mail address: (to be used for future annual report notification)

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



### RECEIVED

14 MAR 21 AM 11: 47

## FLORIDA DEPARTMENT OF STATE Division of Corporations TALLAHASSEE, FLORIDA

March 13, 2014

NICOLE CORNELIUS 450 ALTON RD. SUITE 2608 MIAMI BEACH, FL 33139

SUBJECT: KUNDALINI ORGANICS INC.

Ref. Number: W14000016116

TALLAHASSEE FLOAIDA

We have received your document for KUNDALINI ORGANICS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Joey Bryan Regulatory Specialist II Supervisor

Letter Number: 914A00005466

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corpora	tion shall be: Kundalini Organics	s inc.	
ARTICLE II PRI	<b>NCIPAL OFFICE</b> Principal <u>street</u> address	Ī	Mailing address, if different is:
450 Alton Rd.			
Suite 2608			
Miami Beach,	FL 33139		
ARTICLE III PUR The numose for which t	POSE he corporation is organized is:	oducts	والمعتندن المعر
The purpose for which t	ne corporation is organized is.		125 F
	· · · · · · · · · · · · · · · · · · ·		200
			55 7 F
	· · · · · · · · · · · · · · · · · · ·		
			Or -
ARTICLE IV SHA	IRES 4 000		
· · · · · · · · · · · · · · · · · · ·	TIAL OFFICERS AND/OR DIRECTOR		Katherine Koch, Co President
ARTICLE V INT		Name and Title	Katherine Koch, Co President 450 Alton Rd.
ARTICLE V INI	TIAL OFFICERS AND/OR DIRECTOR Nicole Cornelius, President		
ARTICLE V INT	Nicole Cornelius, President 450 Alton Rd.	Name and Title	450 Alton Rd.
ARTICLE V INI  Name and Title  Address	Nicole Cornelius, President 450 Alton Rd. Suite 2608	Name and Title: Address:	450 Alton Rd. Suite 2608 Miami Beach, FL 33139
ARTICLE V INI  Name and Title  Address	Nicole Cornelius, President 450 Alton Rd. Suite 2608 Miami Beach, FL 33139	Name and Title: Address: Name and Title	450 Alton Rd. Suite 2608 Miami Beach, FL 33139
ARTICLE V INI  Name and Title  Address  Name and Title	Nicole Cornelius, President 450 Alton Rd. Suite 2608 Miami Beach, FL 33139	Name and Title: Address: Name and Title	450 Alton Rd. Suite 2608 Miami Beach, FL 33139
ARTICLE V INI  Name and Title  Address  Name and Title	Nicole Cornelius, President 450 Alton Rd. Suite 2608 Miami Beach, FL 33139	Name and Title: Address: Name and Title	450 Alton Rd. Suite 2608 Miami Beach, FL 33139
Name and Title Address  Name and Title Address	Nicole Cornelius, President 450 Alton Rd. Suite 2608 Miami Beach, FL 33139	Name and Title: Address: Name and Title Address:	450 Alton Rd. Suite 2608 Miami Beach, FL 33139

Name and 7	Title: Name and T	itle:
Address	Address:	
	REGISTERED AGENT  ida street address (P.O. Box NOT acceptable) of the registered  Alcole, Cornelius  450 Alton R.Q. State 2608  Miami Beach, FL 33139	lagent is:
ARTICLE VII	INCORPORATOR	700
The name and add	ress of the Incorporator is:	
Name:	Nicole Cornelius	
Address:	450 Alton Rd. Suite 2608	
ridaress.	Miami Beach, FL 33139	
Having been name this certificate, I an	d as registered agent to accept service of process for the above I familiar with and accept the appointment as registered agent	e stated corporation at the place designated in and agree to act in this capacity
Alic	ole Concerni	3/19/14
	Required Signature/Registered Agent	Date
	nent and affirm that the facts stated herein are true. I am av partment of State constitutes a third degree felony as provided	
Alice	en Comelein	03/04/2014
	Required Signature/Incorporator	Date