

P/S DDDDD 8802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

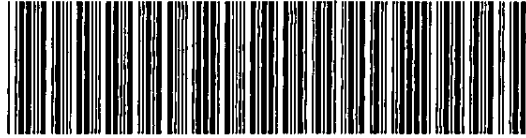
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JAN 29 2015

T. SCOTT



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12/19/14--01007--019 \*\*70.00

15 JAN 26 PM 1:30

DIVISION OF REVENUE

## COVER LETTER

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

**SUBJECT:** Yum Yoga & Massage 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: Sara Dabney  
Name (Printed or typed)  
23047 Clearwater Place  
Address  
Land O Lakes FL 34639  
City, State & Zip  
813-546-3272  
Daytime Telephone number  
yumyogaandmassage@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** Yum Yoga & Massage Inc.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

23047 Clearwater Place

Land O Lakes FL 34639

**ARTICLE III PURPOSE**

Yum Yoga & Massage is dedicated to facilitating

The purpose for which the corporation is organized is: \_\_\_\_\_  
healing not only utilizing hands on modalities but also through empowerment, education and  
exercises in self-awareness.

**ARTICLE IV SHARES 1**

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Sara Dabney, *PST*  
Address: 23047 Clearwater Place  
Land O Lakes FL 34639

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

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

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

15 JAN 26 PM 1:30  
CLERK OF DISTRICT COURT  
CLERK OF DISTRICT COURT  
CLERK OF DISTRICT COURT

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: REGISTERED AGENTS INC

Address: 3030 N. Rocky Point Dr, STE 150A

Tampa, FL 33607

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Sara Dabney

Address: 23047 Clearwater Place

Land O Lakes FL 34639

*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*

Bill Havre Bill Havre - President  
Required Signature/Registered Agent

12/16/14  
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.*

Sara Dabney  
Required Signature Incorporator

12/16/14  
Date