Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000054758 3)))



H150000547583ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

_		
т	_	

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973

Fax Number

: (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Empil Address.	•		

FLORIDA PROFIT/NON PROFIT CORPORATION SADHANA CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

MAR - 4 2015

S. GILBERT

Electronic Filing Menu

Corporate Filing Menu

Help

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

H150000547\$8

ARTICLE I NAME: The name of the corporation is:

Sadhana corporation	<u> </u>
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
8740 NW 97 th ave apt 208	56 AL
Medley, FL 33178	HAR CAR
	-3 ASSE
ARTICLE III SHARES: The number of shares of stock is:	AM 8: 13
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	>
Veronia loschi (Presilent)	-
8740 NW 97 th ave apr. 208	
Medley FL 33178	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRI	ess:
The name and Florida street address (PO Box not acceptable) of the registered as	gent is:
<u>Veronica Loschi</u>	·
8740 NW 97 Th AVE AP	T 208
Menley F1 33178	_ •
ARTICLE VI INCORPORATOR: The name and address of the Incorpora	itor is:
Veronica Loschi	
8740 NW 97 Th AVE AA	7 208
Menley FT 33178	

M15000054758

01/12/2033 07:00

Required Signatures:

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

Verifies to 12

Registered Agent 3-3-15

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.

Nerio 600 3-3-15
Incorporator Date