

P15000036838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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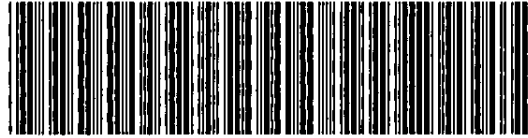
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/20/15--01014--001 **78.75

APPROVED
AND
FILED

15 APR 20 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: The Awakening Institute, 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: Linda Bourguet

Name (Printed or typed)

113 SE Mizner Blvd, #10

Address

Boca Raton, FL 33432

City, State & Zip

(561)596-7517

Daytime Telephone number

linda@jsortinomd.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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: The Awakening Institute, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

113 SE Mizner Blvd, #10

Boca Raton, FL 33432

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide medical services to patients.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Linda Bourguet/President

Name and Title: _____

Address 3207 Beacon St
Pompano Beach, FL 33062

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

APPROVAL
AND
FILED (cont.)

15 APR 20 PM 1:54

Name and Title: _____	Name and Title: _____
Address _____	Address: <u>SECRETARY OF STATE</u>
_____	<u>TALLAHASSEE, FLORIDA</u>
_____	_____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Linda Bourguet
Address: 3207 Beacon St
Pompano Beach, FL 33062

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Linda Bourguet
Address: 3207 Beacon St
Pompano Beach, FL 33062

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

<u>Linda Bourguet</u>	<u>4-14-15</u>
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.

<u>Linda Bourguet</u>	<u>4-14-15</u>
Required Signature/Incorporator	Date