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(Requestor's Name)

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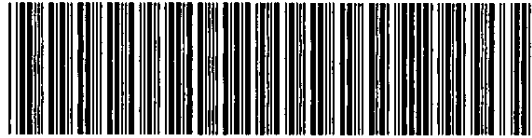
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/09/15

FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

Awaken Spiritual Development Center, Inc.

SUBJECT: _____
(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

Jill DiSalvo

FROM: _____
Name (Printed or typed)

1760 N Jog Road, Suite 150

Address

West Palm Beach, FL 33411

City, State & Zip

(561) 659-1177

Daytime Telephone number

jdisalvo@d-acpa.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 FOR FLORIDA PROFIT BENEFIT CORPORATION

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

ARTICLE I NAME

Awaken Spiritual Development Center, Inc.

The name of the benefit corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: _____

716 Park Place

West Palm Beach, FL 33401

ARTICLE III BENEFIT STATEMENT AND BUSINESS PURPOSE

The corporation elects to be a benefit corporation in accordance with s. 607.603, F.S.

The purpose for which the corporation is organized is to create a general public benefit and:

To provide the community with a spiritual center that offers a variety of spiritual technologies,

development tools and resources that help us reconnect to our most sacred spiritual nature, the

Earth and each other.

The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

The center will provide lectures on personal growth and spiritual expansion, meditation classes and meditative experiences, art classes and many forms of healing.

ARTICLE IV SHARES

100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)

Lauren Sophia Frabotta, President

Name and Title: _____

Name and Title: _____

716 Park Place

Address

Address: _____

West Palm Beach, FL 33401

Name and Title: _____

Name and Title: _____

Address

Address: _____

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

If applicable, BENEFIT DIRECTOR

If applicable, BENEFIT OFFICER

Name: _____ Name: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

DFS Agent, LLC

Name: _____

1760 N Jog Road, Suite 150

Address: _____

West Palm Beach, FL 33411

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DFS Agent, LLC

Name: _____

1760 N Jog Road, Suite 150

Address: _____

West Palm Beach, FL 33411

ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

Lauren Sophia Frabotta, the founder and director is a certified life coach, author, speaker, and

spiritual teacher. She is in the process of obtaining her Master's Degree in Transpersonal

Psychology with a specialty in Spiritual Psychology and is a Certified Holistic Coach.

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

Required Signature/Registered Agent

8/27/15
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.

Required Signature/Incorporator

8-1-15
Date

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