

P16 000 35451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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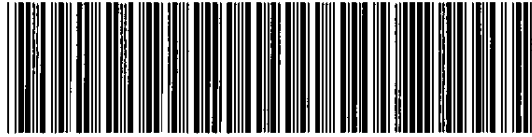
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MTM

COVER LETTER

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

SUBJECT: METTA HEART'S 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: NICOLETA M. SCHEER

Name (Printed or typed)
2091 NORTH SUZANNE CIRCLE

Address
NORTH PALM BEACH, FL 33408

City, State & Zip
561-891-8684

Daytime Telephone number
nicoscheer@yahoo.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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

METTA HEART'S INC.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2091 NORTH SUZANNE CIRCLE

NORTH PALM BEACH, FL 33408

ARTICLE III PURPOSE

WELLNESS, FITNESS, YOGA, YOGA CLASSES, REIKI

The purpose for which the corporation is organized is: _____

AND ALL REALATED TO ADVISING AND COACHING INDIVIDUALS AND GROUPS

ARTICLE IV SHARES

100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NICOLETA M. SCHEER/President

Name and Title: _____

Address 2091 NORTH SUZANNE CIRCLE

Address: _____

NORTH PALM BEACH, FL 33408

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA
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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: _____
NICOLETA M. SCHEER

Address: _____
2091 NORTH SUZANNE CIRCLE

ARTICLE VII INCORPORATOR

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

Name: _____
NICOLETA M. SCHEER

Address: _____
2091 NORTH SUZANNE CIRCLE

NORTH PALM BEACH, FL 33408

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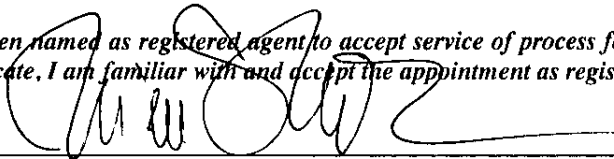
ARTICLE VIII EFFECTIVE DATE: 4/14/2016

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

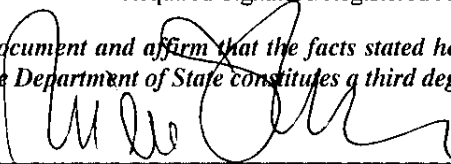


Required Signature/Registered Agent

4.14.2016

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

4.14.2016

Date