

P16000099759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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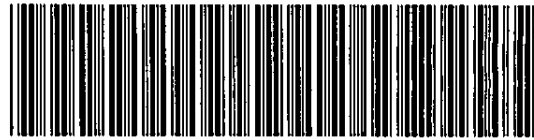
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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11/28/16--01045--014 **87.50

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2016 DEC 20 PM 5:38
CLERK OF COURT
TALLAHASSEE, FLORIDA

V HERRING
DEC 20 2016

FLORIDA PROFIT BENEFIT CORPORATION
COVER LETTER

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

SUBJECT: Inner Sensei & Company
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Brian Lemmerman
Name (Printed or typed)

1214 Madrid St. R
Address

Coral Gables, FL 33134
City, State & Zip

954-304-2468
Daytime Telephone number

brianlemmerman@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2016

BRIAN LEMMERMAN
1214 MADRID ST. R
CORAL GABLES, FL 33134

SUBJECT: INNER SENSEI & COMPANY
Ref. Number: W16000079797

We have received your document for INNER SENSEI & COMPANY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please add "INC" after the word (COMPANY).

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 916A00025415

ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION

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

ARTICLE I NAME

The name of the benefit corporation shall be: Inner Sensei Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2103 Coral Way

2nd Floor

Miami, FL 33145

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:

The rapid acceleration of humanity's collective inner awakening.

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):

World peace through inner awakening.

ARTICLE IV SHARES

The number of shares of stock is: 100,000,000

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TALLAHASSEE, FLORIDA

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

Name and Title: Brian Lemmerman, CEO Name and Title: _____

Address 1214 Madrid St. R Address: _____
Coral Gables, FL 33134

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

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:

Name: Brian Lemmerman

Address: 2103 Coral Way, 2nd Floor
Miami, FL 33145

ARTICLE VII INCORPORATOR

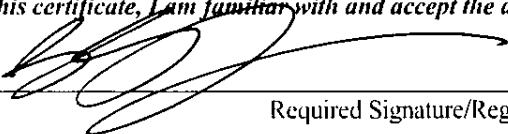
The **name and address** of the Incorporator is:

Name: Brian Lemmerman

Address: 1214 Madrid St. R
Coral Gables, FL 33134

ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

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

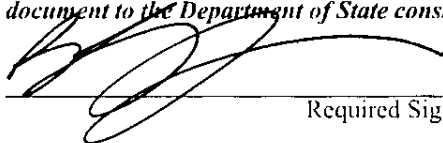


Required Signature/Registered Agent

11/22/2016

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

11/22/2016

Date