

P1700055172

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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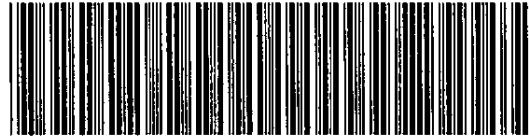
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/26/17--01023--019 **70.00

FILED
17 JUN 26 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Nirvana a therapeutic approach, 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: Manal Michail

Name (Printed or typed)

13810 Moss Agate

Address

Delray Beach, FL 33446

City, State & Zip

954-815-3464

Daytime Telephone number

michailmanal@yahoo.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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Nirvana a theraputic approach, Inc.

ARTICLE II PRINCIPAL OFFICEPrincipal ~~street~~ address

Mailing address, if different is:

2255 Glades Road Suite 324a

Boca Raton, FL 33431

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide a therapy service

ARTICLE IV SHARES

The number of shares of stock is 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Manal Michail - President

Name and Title: _____

Address: 13810 Moss Agate

Address: _____

Delray Beach, FL 33446

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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SECRETARY OF STATE

TALLAHASSEE, FLORIDA

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: Manal Michail
 Address: 13810 Moss Agate
Delray Beach, FL 33446

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is

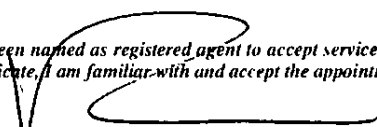
Name: Manal Michail
 Address: 13810 Moss Agate
Delray Beach, FL 33446

ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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

June 20 2017
 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

June 20 2017
 Date