

PH 000 083 437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

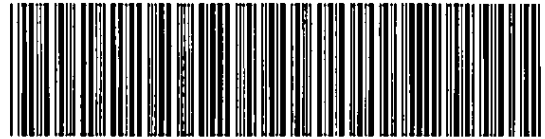
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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03/20/19-- 01023 -001 \*\*105.00

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19 OCT 25 AM 12:34

Securities Division  
TALLAHASSEE, FLORIDA

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D O'KEEFE

W19-88481



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 3, 2019

LELE GENOVESIO NIPER  
SHANTI REIKI & YOGA WELLNESS LLC  
1709 FLETCHER ST.  
MELBOURNE, FL 32901

SUBJECT: SHANTI WELLNESS  
Ref. Number: W19000088481

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19 OCT 25 AM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for SHANTI WELLNESS and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the section ' Required Signatures(s) on behalf of Other Business Entity ' in the Certificate of Conversion.

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 return 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.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 619A00020425

## COVER LETTER

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Shanti Wellness Inc.

\_\_\_\_\_  
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Lele Genovesio-Niper

\_\_\_\_\_  
Contact Person

Shanti Reiki & Yoga Wellness LLC

\_\_\_\_\_  
Firm/Company

1709 Fletcher St.

\_\_\_\_\_  
Address

Melbourne, FL 32901

\_\_\_\_\_  
City, State and Zip Code

ShantiWellnessFL@gmail.com

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

For further information concerning this matter, please call:

Lele Genovesio-Niper

at ( 321 ) 525 6276

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$105.00 Filing Fees	<input type="checkbox"/> \$113.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$113.75 Filing Fees and Certified Copy	<input type="checkbox"/> \$122.50 Filing Fees, Certified Copy, and Certificate of Status
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**STREET ADDRESS:**

New Filings Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filings Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Profit Corporation**

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Shanti Reiki Yoga Wellness LLC

Enter Name of Other Business Entity

2. The "Other Business Entity" is a Limited Liability Company  
(Enter entity type. Example: limited liability company, limited partnership,  
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of Florida, USA  
(Enter state, or if a non-U.S. entity, the name of the country)

on April 4th, 2019

Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation**:

Shanti Wellness Inc.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: July 4th, 2019

(The effective date: **Cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.**)

**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.

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19 OCT 25 AM 12:35  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Signed this 13th day of September, 2019.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: [Signature]

Printed Name: Lele Genovesio-Niper Title: President

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: [Signature]

Printed Name: Lele Genovesio-Niper Title: Member Manager

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$8.75 (Optional)
Certificate of Status:	\$8.75 (Optional)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Shanti Wellness Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

1709 Fletcher St., Melbourne, FL 32901

1709 Fletcher St., Melbourne, FL 32901

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

I am currently in the works to acquire a business location where I can establish my yoga.

medication, and energy healing business

I wish to offer private and public sessions to my local community. In addition, I hope to work with other

local businesses, to be able to offer free services to underprivileged children in our community.

**ARTICLE IV SHARES**

The number of shares of stock is: 1 (one)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Lele Genoveiso-Niper

Name and Title: N/A

Address: 1709 Fletcher St., Melbourne, FL, 32901

Address: \_\_\_\_\_

Name and Title: N/A

Name and Title: N/A

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: N/A

Name and Title: N/A

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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19 OCT 25 AM 12:35  
CLERK OF DISTRICT COURT  
JANAIASSET LORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: Lele Genovesio-Niper  
Address: 1709 Fletcher St.  
Melbourne, FL 32901

**ARTICLE VII INCORPORATOR**

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

Name: Lele Genovesio-Niper  
Address: 1709 Fletcher St.  
Melbourne, FL 32901

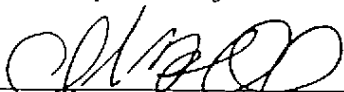
\*\*\*\*\*

*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

Oct 5, 2019  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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

Oct 5, 2019  
Date

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19 OCT 25 AM 12:35  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA