/17/2020

Division of Corporations Electronic Filing Cover Sheet

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	To:		
		Division of Corporations	V
		Fax Number : (850)617-6381	70 AUV
	From:		•
_		Account Name : FASTKIT CDRP	****
5	3774	Account Number : 120100000009	7
3: 19		Phone : (305)599-0839	~-
	· · · ·	Fax Number : (305)592-9591	Э.
P.	7,		
	*Enter :	the email address for this business entity to be used for future	⊈er Br⊓
	annual report mailings. Enter only one email address please.**		
annual report mailings. Enter only one email address please. Email Address:			
102			

FLORIDA PROFIT/NON PROFIT CORPORATION

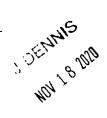
Daniel Novoa Yoga, Inc.

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Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help



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

ARTICLE I NAME			
The name of the corporati	on shall be: Daniel Novoa Yog	ja, Inc.	
ARTICLE II PRINCI	PAL OFFICE		
	rincipal street address	Ma	iling address, if different is:
7497 Moonrise Drive			

Lake Worth, FL 3346	<u> </u>		
ARTICLE III PURPO	SE		201
	e corporation is organized is: Men	tal & Physical Therapy	20
			
		.	•٠
			¢-A
 			
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ARTICLE IV SHARE			
The number of shares of s	OCK IS: 1.000		
ARTICLE V INIȚIAL	LOFFICERS AND/OR DIRECTORS		
Name and Title:	Daniel Novoa, President	Name and Title:	
Address	7497 Moonrise Drive	Address:	
	Lake Worth, FL 33467		
•			
S			
Name and Title:_	····	Name and Title:	
Address _		Addr e ss:	
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Name and Title:		Name and Title:	
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Name and Title:		Name and Title:	Name and Title:		
Address		Address:			
			2p NOV		
	EGISTERED AGENT Ida street address (P.O. Box NOT accep	table) of the registered agent is:			
Name:	Daniel Novoa				
Address:	7497 Moonrise Drive		 ಆಗ <i>ಕ</i> ಾ		
	Lake Worth, FL 33467	_			
ARTICLE VII U	NÇQRPORAT <u>OR</u>				
_	ress of the Incorporator is:				
Name:	Daniel Novoa				
Address:	7497 Moonrise Drive				
	Lake Worth, FL 33467				
ARTI <u>CLE VIII</u>	EFFECTIVE DATE:				
Effective date, if o (If an effective da filing.)	ther than the date of filing: te is listed, the date must be specific an	, (OPTIONAL) d cannot be more than five days prior or 9	0 days after the		
Note: If the date i	nserted in this block does not meet the ap ective date on the Department of State's	plicable statutory filing requirements, this dat records.	e will not be listed as		
Having been name certificate, I am fai	d as registered agent to accept service of p miliar with and accept the appointment as	process for the above stated corporation at the process for the above stated corporation at the process registered agent and agree to act in this capacity	olace designated in this		
α	h		1/12/2020		
	Required Signature/Registered Ag	ent	Date		
I submit this docu document to the D	ment and affirm that the facts stated her epartment of State constitutes a third degr	rein are true. I am aware that the false infor ree felony as provided for in s.817.155, F.S.	mation submitted in a		
and			11/12/2020		
Required Signature	:/Incorporator	Date			