

21000098633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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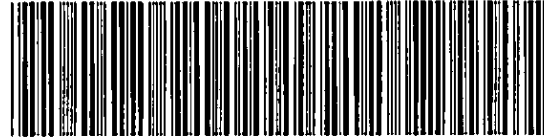
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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: SoulPhysio Education Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

988 Blvd of the Arts

17805 Sky Park Circle Ste F

Sarasota, FL 34236

Irvine, CA 92614

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:

Provide Holistic Healthcare education and services to families struggling with Mental and Neurological Illness.

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):

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

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

Name and Title: Aneesh Chaudhry, CEO

Name and Title: _____

Address 17805 Sky Park Circle Ste F

Address: _____

Irvine, CA 92614

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY
FILED

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Aneesh Chaudhry

Address: 988 Blvd of the Arts

Sarasota, FL 34236

ARTICLE VII INCORPORATOR

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

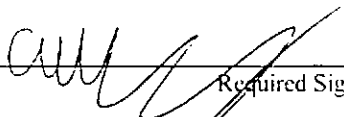
Name: Aneesh Chaudhry

Address: 17805 Sky Park Circle Ste F

Irvine, CA 92614

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

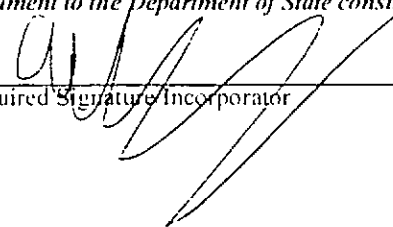


Required Signature/Registered Agent

11/9/21

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

Date

11/9/21

Date