

P22000071640

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H220003163023ABCT

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : RASI
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Phone : (800)221-2972
Fax Number : (917)243-5843

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA PROFIT/NON PROFIT CORPORATION

Ayurveda Retreat Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

2022 SEP 15 AM 10:17

2022 SEP 15 PM 1:25

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Ayurveda Retreat Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address14415 NW 146th TerraceAlachua, FL 32615

Mailing address, if different is:

14415 NW 146th TerraceAlachua, FL 32615**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: to engage in any lawful act or activity for
which corporations may be organized.**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: BRADLEY TANSEY/Director

Name and Title: _____

Address 14415 NW 146th Terrace

Address: _____

Alachua, FL 32615

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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

BRADLEY TANSEY

Address:

14415 NW 146th Terrace

Alachua, FL 32615

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

BRADLEY TANSEY

Address:

14415 NW 146th Terrace

Alachua, FL 32615

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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 business days prior or 90 business 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

Signature

Required Signature/Registered Agent

9 / 12 / 2022

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.

Signature

Required Signature/Incorporator

9 / 12 / 2022

Date

To:

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9/14/2022 3:00:15 PM PAGE

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1/001 Fax Server

From: Veronica Gonzalez



September 14, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RASI

SUBJECT: AYURVEDA HEALTH RETREAT INC.
REF: W22000116734

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is N10000011942 (AYURVEDA HEALTH RETREAT, INC.).

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

Dil Sultana
Regulatory Specialist II

FAX Aud. #: H22000316302
Letter Number: 622A00020485