

PAD0006000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

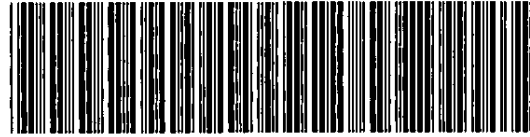
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000261617030

07/14/14--01004--009 **70.00

FILED
14 JUL 14 AM 8:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Bodies In Balance Acupuncture, 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 Filing Fee
 \$78.75 Filing Fee
& Certificate of Status

\$78.75 Filing Fee
& Certified Copy
 \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Carlos Sessler
Name (Printed or typed)
6104 NW 18th Ave.
Address
Gainesville, FL 32605
City, State & Zip
305.586.2998
Daytime Telephone number
iamCarlos@me.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
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME Bodies In Balance Acupuncture, Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4131 NW 28th Lane, Suite 4

Gainesville, FL 32606

ARTICLE III PURPOSE

Provision of Oriental Medicine

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Melissa L. Feigel, President

Address: 2028 SW 72nd Street

Gainesville, FL 32607

Name and Title: Carlos Sessler, Vice-President

Address: 6104 NW 18th Avenue

Gainesville, FL 32605

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
MELANIE HASSLER
TALLAHASSEE, FLORIDA
14 JUL 14 AM 8:00

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:

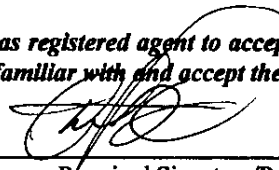
Name: Carlos Sessler
 Address: 6104 NW 18th Avenue
Gainesville, FL 32605

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carlos Sessler
 Address: 6104 NW 18th Avenue
Gainesville, FL 32605

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



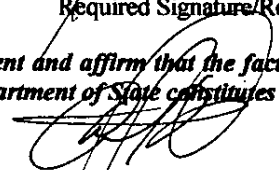
Carlos Sessler

07/08/2014

Required Signature/Registered Agent

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.



Carlos Sessler

14
 07/08/2014
 AM 8:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Required Signature/Incorporator

Date