

2/5/2018

Division of Corporations

Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT/NON PROFIT CORPORATION
BODYWORK & BALANCE MOVEMENT, CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2018 FEB -5 PM12:50

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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: BODYWORK & BALANCE MOVEMENT, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3802 EAST 9 LN

HALEAH, FL 33013

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIO AURELIO LEON (P)

Name and Title:

Address 3802 EAST 9 LN

Address:

HALEAH, FL 33013

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: MARIO AURELIO LEON
 Address: 3802 EAST 9 LN
HIACLEAH, FL 33013

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARIO AURELIO LEON
 Address: 3802 EAST 9 LN
HIACLEAH, FL 33013


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 days prior or 90 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

①  _____ 02/02/2018
 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.

①  _____ 02/02/2018
 Required Signature/Incorporator Date