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TALLAHASSEE, FLORID

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## **COVER LETTER**

partment of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SUBJECT: Bolanced Woman Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for : **□**\$78.75 **⊟**\$87.50 \$70.00 **\$78.75** Filing Fee, & Certified Copy

Filing Fee,
Certified Copy Filing Fee & Filing Fee Certificate of & Certificate Status ADDITIONAL COPY REQUIRED Name (Printed or typed) FROM: LAICE WORTH FC, 33463
City, State & Zip S61 - 752 -6032 Daytime Telephone number

info a the balanced women. wm 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 617, F.S., (Not for Profit)

ARTICLE I NAME  The name of the corporation shall be: BALANCED	WOWEN IN	<b>C</b> ·
ARTICLE II PRINCIPAL OFFICE		
Principal street address:		Mailing address, if different is:
SIDI DWLS COURT		
LAICE WORTH, To 33463	<u> </u>	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is: who lesome practices ore consisten by unating experiences, activities and uplified	tly being and events	where women can be regreshed
ARTICLE IV MANNER OF ELECTION The mann  ARTICLE V INITIAL OFFICERS AND/OR DIRECT	-	ctors are elected and appointed: Application & Scening
Name and Title: Kuleem Gowo (Bonno Me	Mame and Title:	JOVEL RAMMARINE ( FOUNDER   CEO,
Address SIZI OWLS COURT	Address:	SIZI OWLS WURT
LAKE WORTH FL 33	<u>4</u> 63	LAICE WORTH FE 33463
Name and Title:	<ul><li>Name and Title:</li></ul>	
Address		
	_ _	
Name and Title:	_ Name and Title:	<del></del>
Address	Address:	
	_	

Name and Title:	<u></u>	Name and Title:	
Address _		Address:	
_			
Name and Title:		Name and Title:	
Address _		Address:	
- -		<u> </u>	
ARTICLE VI The name and F	<u>REGISTERED AGENT</u> lorida street address (P.O. Box NOT acce	eptable) of the registered agent is:	•
Name:	JEWEL RAMNARING		292 FAL:
Address:	SIDI DIVES COURT		2020 HAR ALLAHA
	LAIKE WORTH FL	<u>3346</u> 3	20 SSE
ADTICLE VII	INCORPORATOR		AN IO
	ddress of the Incorporator is:		
Name:	kureem como		<b>2</b> 5 € 50 € 50 € 50 € 50 € 50 € 50 € 50 €
Address:	SIZIOWES COURT		
	LAKE WORTH F	t <u>, 334</u> 3	
Effective date, if	fother than the date of filing: 03 1 date is listed, the date must be specific as	6 30 (OPTIONAL) nd cannot be more than five days prior	r or 90 days after the filing.)
	e inserted in this block does not meet the active date on the Department of State's rec		nis date will not be listed as the
	med as registered agent to accept service familiar with and accept the appointment	as registered agent and agree to act in the	
	Hom-		3/16/20
	Required Signature of Registered	d Agent	Date
	rument and affirm that the facts stated her	ein are true. I am aware that any false in	iformation submitted in a document
w me Depurmei	nt of State constitutes a third degree felony	us provided for in 8.017.133, F.S.	21.1
	Required Signature of Inco	morator	3/16/20 Date
	redained biguature of files	· porator	Date

# **COVER LETTER**

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

SUBJECT: _ திசின்வ	Doman Inc. (PROPOSED CORPO		
	(PROPOSED CORPO	RATE NAME – <u>MUST IN</u>	<u>CLUDE SUFFIX</u> )
Enclosed is an original a	nd one (1) copy of the Artic	eles of Incorporation and	a check for :
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fec & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	☐\$87.50 Filing Fee, Certified Copy & Certificate
•		ADDITIONAL CO	PY REQUIRED
FROM:	Jew Name	GC RAMNARINE (Printed or typed)	-
	SID: OWES	COURT Address	-
	LAICE WORTH FC, 33463 City, State & Zip		
		- 752 -6032 e Telephone number	
Filing Fee	Filing Fee & Certificate of Status  Jew Name Sign Owlig  LAICE WO Ci	Filing Fee & Certified Copy  ADDITIONAL CO  CLET Address  ETM FC, 33463  ity, State & Zip	Filing Fee, Certified Copy & Certificate  PY REQUIRED

NOTE: Please provide the original and one copy of the articles.

info a the balanced women. wm E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME  The name of the corporation shall be: BAU	anced wowen inc
ARTICLE II PRINCIPAL OFFICE	
Principal street address:	Mailing address, if different is:
SIDI DWLS COURT	,
LAICE WORTH TO	33463
ARTICLE III PURPOSE	· · · · · · · · · · · · · · · · · · ·
The purpose for which the corporation is organi	zed is: To ensure that balance, self care and
who lesome practices ore con	rsistently being carried out in the this of woman
by unating experiences, as	twiter and events where women can be represhed
and uplifted	
ABTICLE IV MANNED OF SLESTION	
ARTICLE IV MANNER OF ELECTION	The manner in which the directors are elected and appointed: Application & Scenario
ARTICLE V INITIAL OFFICERS AND/OR	<u>DIRECTORS</u>
	MRD MEM Name and Title: JOULL RAMNARINE ( FOUNDER   CEO
Address S121 Owis court	Address: SIXI OWLS WURT
LAKE WORTH F	LAICE WORTH F 33463
lame and Title:	Name and Title:
Address	
lame and Title:	Name and Title:
Address	Audress:

Name and Titte:_		Name and Title:
Address _		Address:
_		
		Name and Title:
Address		Address:
<del></del> -		
ADTICLEN	DECICATED TO ACCUSE	
	REGISTERED AGENT prida street address (P.O. Box NOT accep	otable) of the registered agent is:
Name:	JEWGL RAMNARING	-
Address:	SIDI DWLS WURT	
	LAIKE WORTH A	<u>3346</u> 3
	INCORPORATOR dress of the Incorporator is:	
<del></del> -	<del></del>	
Name:	kureim como	
Address:	SIZIONES COURT	
	LAKE WORTH A	<del>334</del> 63
ADTICLE VIII		<del>,                                    </del>
Effective date, if o	ther than the date of filing: 03/16	OPTIONAL)
(If an effective da	te is listed, the date must be specific and	d cannot be more than five days prior or 90 days after the filing.)
<b>Note:</b> If the date if document's effecti	nserted in this block does not meet the app we date on the Department of State's record	plicable statutory filing requirements, this date will not be listed as the
		<b>-</b>
Having been nam	ed as registered agent to accept service of	f process for the above stated corporation at the place designated in this
certificate, I am fa	miliar with and accept the appointment as	registered agent and agree to act in this capacity
	a Com-	o€ lailē
	Required Signature of Registered A	Agent $\frac{3 / 16 / 3D}{Date}$
I submit this docu	55	, , ,
to the Department	of State constitutes a third degree felony as	s provided for in s.817.155, F.S.
	Required Signature of Incorpo	3/16/20
	Required Signature of Incorpo	orator Date