

TRANSMITTAL LETTER

PO1000063943

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

SUBJECT: Just Breathe ! Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

400004439704--6
-06/25/01--01123--003
*****87.50 *****87.50

Enclosed is 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: MONICA GFRORER
Name (Printed or typed)
P.O. Box 570202
Address
Orlando, FL 32857-0202
City, State & Zip
407-281-6317
Daytime Telephone number

FILED
01 JUN 25 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

gfr

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:

Just Breathe! inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 570202
Orlando, FL 32857-0202

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the company is to provide individualized wellness counseling and fitness classes and for any legal purpose.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares of common stock.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Monica Gfrorer
P.O. Box 570202
Orlando, FL 32857-0202

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Monica Gfrorer
5411 La Costa Dr.
Orlando, FL 32807

ARTICLE VII INCORPORATOR

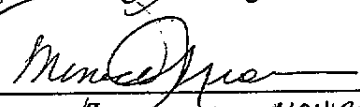
The name and address of the Incorporator is:

Monica Gfrorer
P.O. Box 570202
Orlando, FL 32857-0202

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/Registered Agent MONICA GFRORER

6/21/01
Date


Signature/Incorporator MONICA GFRORER

6/21/01
Date

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