Department of State



Division of Corporat	ions		
P. O. Box 6327	-	-	10 10 10 10
Tallahassee, FL 323			30000457 30000457 ******70
SUBJECT:	Inbalance Intera	active Wellness, TENAME- <u>MUSTINCL</u>	Inc.
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	i a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Çertified Copy & Certificate of Status PY REQUIRED
FROM:	<u>Lisa S. Miller</u> Name	(Printed or typed)	
	1965 South Ocean Boulevard, 408 Address		
		the Sea, F1. 330	062
	(954) 557-2562		
	Daytime Telephone number		

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

Articles of Incorporation

The undersigned incorporator, for the purpose of forming a corporation under the state act. hereby adopts the following Articles of Incorporation.

Article I: Name

The name of the corporation shall be: Inbalance Interactive Wellness, Inc.

Article II: Principal Office

The principal place of business and mailing address of this corporation shall be: 1965 South Ocean Boulevard, #408, Lauderdale by the Sea, Fl. 33062.

Article III: Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100,000.

Article IV: Initial Registered Agent and Street Address

The name and address of the initial registered agent is: Lisa S. Miller, who resides at 1965 South Ocean Boulevard, #408, Lauderdale by the Sea, Fl. 33062.

Article V: Incorporator

The name and address for the incorporator of these articles is: Lisa S. Miller, 1965 South Ocean Boulevard, #408, Lauderdale by the Sea, Fl. 33062

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.

 $\frac{2/14/02}{\text{Date}}$