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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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3

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box [illegible]

True Balance inc.
CORPORATE NAME – MUST INC

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: Jennifer Jakubowicz
Name (Printed or typed)

3 Grove Isle Dr. #409
Address

Miami, FL 33133
City, State & Zip

(786)262-3178
Daytime Telephone number

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

True Balance Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3 Grove Isle Dr. #409
MIAMI, FL 33133

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Health and Wellness

ARTICLE IV SHARES

The number of shares of stock is:

The number of shares that this corporation is authorized to have outstanding at any one time is 1,000 share

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

President = Jennifer Jakubowicz

ARTICLE VI REGISTERED AGENT

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

Jennifer Jakubowicz
3 Grove Isle Dr. #409
MIAMI, FL 33133

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Jennifer Jakubowicz
3 Grove Isle Dr. #409
MIAMI, FL 33133

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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 — Date: 06.11.03

Signature/Incorporator — Date: 06.11.03