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SECRETARY OF STATE
TALLAHASSES, FLORIDA

03 SEP 25 FH 1: 55

TRANSMITTAL LETTER

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

SUBJECT:	INBOLANCE PIL				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the arti-	cles of incorporation and	a check for:		
\$70.00	\$ \$78.75	□ \$78.75	□ \$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
-	& Certificate of Status	& Certified Copy	Certified Copy		
			& Certificate of Status		
		ADDITIONAL COPY REQUIRED			
FROM: MANIA NISOCIA					
Name (Printed or typed)					
5880 COLLTUS#305					
Address					
MTANTBEACH, FC 33140					
City, State & Zip					
305 786-271-0902					
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) ARTICLE I NAME The name of the corporation shall be: INBALANCE PILATES INC. The principal place of business/mailing address is: 5880 COLUTIUS #305 MIANT BRACH, FC 33/340 ARTICLE II PRINCIPAL OFFICE ARTICLE III JACK OF GOODS AND SKNUTCKS AS PROVIDED The purpose for which the corporation is organized is: THE SHARES The number of shares of stock is: 100 PAN INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): MARIA RISOLIA - DARSTOKNIT

