

PO4 000164758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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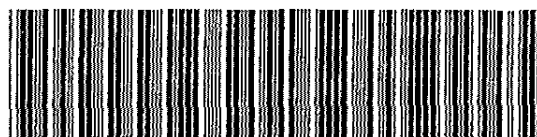
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: HEALING BALANCE THERAPIES, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: LEGAGNEUR & ASSOCIATES
Name (Printed or typed)

19545 SEDGEFIELD TERRACE
Address

BOCA RATON, FL 33498
City, State & Zip

(561) 483-0334
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

HEALING BALANCE THERAPIES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

140 NORTH EAST 2nd AVENUE STUDIO #32
DELRAY BEACH, FL 33444

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MASSAGE THERAPY

ARTICLE IV SHARES

The number of shares of stock is:

200 NPV

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

LEONARDO ANTUNANO
140 NORTH EAST 2nd AVENUE STUDIO #32
DELRAY BEACH FL 33444

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

LEGAGNEUR & ASSOCIATES INC.
19545 SEDGEFIELD TERRACE
BOCA RATON, FL 33498

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LEONARDO ANTUNANO
140 NORTH EAST 2nd AVENUE STUDIO #32
DELRAY BEACH, FL 33444

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TALLAHASSEE, FLORIDA

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

12/2/04

Date

Signature/Incorporator

12/2/04

Date