P04000/64922

(Re	equestor's Name)	
(Address)		
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
Office Use Only		



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TRANSMITTAL LETTER

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

SUBJECT: Digital E	Balance, Inc. (PROPOSED CORPORA	ATE NAME – MUST INCL	UDFSUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles 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 CO	PY REQUIRED
FROM: Pa	ul Lawrence Helmick Keske Nam	e (Printed or typed)	
	7819 Doral Dr.	Address	
	Bayonet Point, FL 34667	y, State & Zip	
	727-868-1961		

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

Daytime Telephone number

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:

Digital Balance, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 7819 Doral Dr.
Bayonet Point, FL 34667

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To perform any and all services in the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Paul L.H. Keske 7819 Doral Dr.

Bayonet Point, FL 34667

President

Shannon M. Keske

7819 Doral Dr.

Bayonet Point, FL 34667

Secretary

ARTICLE VI <u>REGI</u>STERED AGENT

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

Paul L.H. Keske 7819 Doral Dr. Bayonet Point, FL 34667

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Paul L.H. Keske 7819 Doral Dr. Bayonet Point, FL 34667

***********	************
Having been named as registered agent to accept service of process	
certificate, I-am familiar with and accept the appointment as registere	ed agent and agree to act in this capacity
(Alba	11/29/2004
Sind District	Data
Signature/Registered Agent	Date
Sand Alska	11/29/2 <u>004</u>
Signature/Incorporator	Date