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O6 SEP II PN 12: 31



# **COVER LETTER**

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

SUBJECT: Perfect Balance Services C	orp. atename – <u>must incl</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the ar	ticles of incorporation and	d a check for:
S70.00 S78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	₹87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED
FROM: Matilde Martinez		
Nam	e (Printed or typed)	
506 State Road 434		
	Address	
Winter Springs, FL 32708		
Cli	y, State & Zip	
407-327-3436		
Daytime	Telephone number	

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

ARTICI	FC	OF	INCO	DPP	RA	TIO	N
AREILE	3 7 7	T JP		7 F. F. C.	F FX /-X		

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

The name of the corporation shall be:

Perfect Balance Services Corp.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

506 SR 434

Winter Springs, FL 32708

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful and legal for profit business in the State of Florida.

# ARTICLE IV SHARES

The number of shares of stock is:

600 (six hundred)

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Matilde Martinez, President - 1891 Sweetwater Blvd, Deltona, FL 32738

Elideth Martinez, Vice President - 1891 Sweetwater Blvd, Deltona, FL 32738

Araceli Martinez, Secretary - 1891 Sweetwater Blvd, Deltona, FL 32738

### ARTICLE VI REGISTERED AGENT

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

Matilde Martinez - 1891 Sweetwater Blvd, Deltona, FL 32738

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PACAMA PARES