

PD 7000096193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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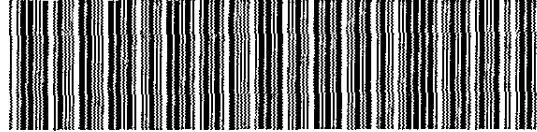
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2007 AUG 27 P 12: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 28 2007

COVER LETTER

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

SUBJECT: Body Balance for Performance of Sarasota, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Michael Via

Name (Printed or typed)

PMB 181, 5342 Clark Rd

Address

Sarasota, FL 34233-3227

City, State & Zip

(941) 929-9220

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:

Body Balance for Performance of Sarasota, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PMB 181, 5342 Clark Rd
Sarasota, FL 34233-3227

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Golf Performance Training and Private Pay Physical Therapy Services

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS

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

Michael C. Via: President
PMB 181
5342 Clark Rd
Sarasota, FL 34233-3227

ARTICLE VI REGISTERED AGENT

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


Michael C. Via
5150 Old Ashwood Drive
Sarasota, FL 34233

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Michael C. Via
5150 Old Ashwood Drive
Sarasota, FL 34233

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



Signature/Incorporator

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/23/07

Date

8/23/07

Date