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(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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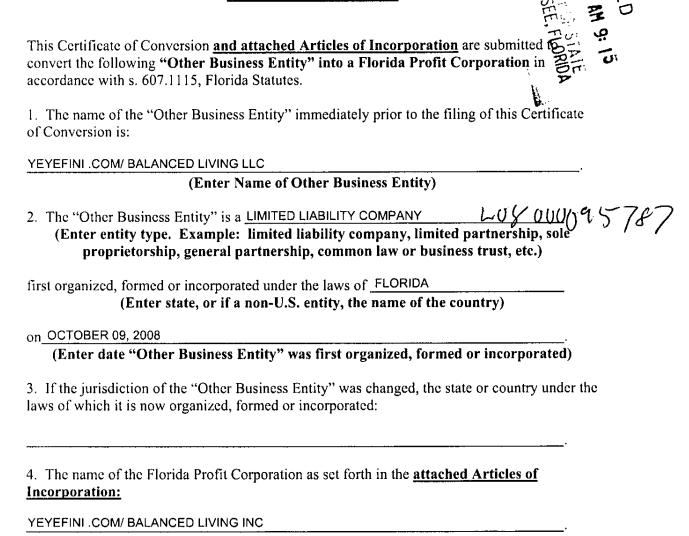
EXAMINER

COVER LETTER

TO:	Registration Division of 0			
SUBJ	IECT: <u>YEYE</u>	FINI.COM/BALA! (Name of Resultin	NCED LIVING INC	Don)
conve				, and fees are submitted to
Please	e return all cor	respondence concernin	g this matter to:	S. S
TRAC	Y COTTLE	(Contact Person)		ALLAHASSEE, FLORIDA
<u>A1A II</u>	NCORPORATIO	ON SERVICES (Firm/Company)		
<u>2761 '</u>	VISTA PARKW	AY SUITE E4 (Address)		
WEST		, FLORIDA 33411 (City, State and Zip Code)		
For fu	irther informat	ion concerning this ma	atter, please call:	
TRACY COTTLE (Name of Contact Person)		_ \	-3124 ytime Telephone Number)	
Enclo	sed is a check	for the following amou	ınt:	
I \$105	5.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing Fees and Certified Copy	☐ \$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS:		MAILING A	ADDRESS:	
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301			Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	

For "Other Business Entity" Into

Florida Profit Corporation



(Enter Name of Florida Profit Corporation)

5. If not effective on the date of filing, enter the effective date:

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed this 8th day of April	, 20_09
Required Signature for Florida Profit C	orporation:
been selected, an Incorporator:	rector, Officer, or, if Directors or Officers have no flue Composition Title: Incorporator
Required Signature(s) on behalf of Other	Business Entity: [See below for required
signature(s).]	•
Signature: Yelfefui Chubrlad	4
Printed Name Yeyefini Efunbolade	Title: Manager
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida General Partnership or Limited	Lighility Partnership
Signature of one General Partner.	Endomey I are there surp.
If Florida I imited Doutmouskin as I imited	Linkilla, Linka J David and Link
If Florida Limited Partnership or Limited Signatures of ALL General Partners.	Liability Limited Partnership:
If Florida Limited Liability Company:	ontativo
Signature of a Member or Authorized Repres	entative.
All others:	
Signature of an authorized person.	7 .
Berefui Efubria	de

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:

YEYEFINI.COM/BALANCED LIVING INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business address is:

2312 VAN BUREN STREET UNIT 1 HOLLYWOOD, FLORIDA 33020

The mailing address is:

PO BOX 223371 HOLLYWOOD, FLORIDA 33020

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR, PRESIDENT
YEYEFINI EFUNBOLADE
2312 VAN BUREN STREET UNIT 1
HOLLYWOOD, FLORIDA 33020



PAGE 2 YEYEFINI.COM/BALANCED LIVING INC

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

YEYEFINI EFUNBOLADE
2312 VAN BUREN STREET UNIT 1
HOLLYWOOD, FLORIDA 33020

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

YEYEFINI EFUNBOLADE 2312 VAN BUREN STREET UNIT 1 HOLLYWOOD, FLORIDA 33020

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.

YEYEFINI EFUNBOLADE / Registered Agent

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YEYE/FINI EFUNBØLADE /Incorporator