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(Requestor's Name)				
	•			
(Ac	ldress)			
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
(50	omoso Emity Har	,,,,		
(Da	armant Nirmhan			
(DC	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



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COVER LETTER

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

_{SUBJECT:} Beauty in Balance, I	nc.
(PROPOSED CORPOR	ATE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the ar	ticles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
	ADDITIONAL COLL REQUIRED
FROM: Emily R. Boege	ne (Printed or typed)
1225 N Lake Otis Dr S	Address
Winter Haven, FL 33	880 , State & Zip
(818) 720-2363 Daytime	Telephone number
info@emilysbeautyinb E-mail address: (to be use	palance.com ed for future annual report notification)

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)

	•		1	
ARTICLE I	NAME	Beauty In Balance	ce, Inc.	
I ne name or the	corporation shall be:			
ARTICLE II	PRINCIPAL OF	FICE .		
	Principal stree			iling address, if different is:
	68 4th St.	FL		ake Otis Dr SE
	Winter Haven, F	<u>-</u> L		even, FL
	33880		33880	
ARTICLE III				
	which the corporation			
				netics, perfumes and toiletries
	luct and transact	: all lawful business	s activities allowed u	nder the laws of the State of
Florida.				
ARTICLE IV	SHARES. nares of stock is:1,000	n	. •	
i ne number of sr	nares of stock is:17,000	J		
		ERS AND/OR DIREC		
	Title: Emily R. Bo	<u>oege, President</u>	Name and Title:	
Address:		ke Otis Dr SE		
		en, FL		
	3388U			
Name and	Title:		Name and Title:	
Address:			Address:	
				
		· · · · · · · · · · · · · · · · · · ·		
Name and	Title:		Name and Title:	
Address:			Address:	
				
				
ARTICLE VI	REGISTERED A	AGENT		
****			le) of the registered agent is	s Po =
Name:	Emily R. E	Boege		
Address:	1225 N La	ake Otis Dr SE		
	winterma	even, FL 33880		Section 2
ARTICLE VII	INCORPORATO	<u>)R</u>		CA -
The <u>name and a</u>	ddress of the Incorpor			
Name:	Emily R. E			Es o Fig
Address:		ke Otis Dr SE		2 N
	willier us	ven, FL33880		
				corporation at the place designated in
this certificate, I	am fa milia r with and	accept the appointment a	s registered agent and agre	ee to act in this capacity
	\searrow		^	
	(m	Ly bes	<u> </u>	1/10/2012
	Required Si	ignature/Registered Agent		Date
l submit this doc	cument and affirm th	at the facts stated hereis	are true. I am aware the	ut the false information submitted in a
			felony as provided for in s.	
		λ '1-2" ·	-	
	>-mi	Su Toec	3 O =	1/10/2012
	Required	Signature/Incorporator		Date