

P13000000819

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(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JAN -2 PM 2:00

Ps 1/3/13

## COVER LETTER

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

SUBJECT: CALCULATE BALANCE 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  
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 COPY REQUIRED**

FROM: IEVA RINKEVICIUTE  
Name (Printed or typed)  
Unit 1021, 9745 Touchton Rd  
Address  
Jacksonville FL 32246  
City, State & Zip  
904-207-3984  
Daytime Telephone number  
ieeva@yahoo.ie  
E-mail address: (to be used 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)

**ARTICLE I NAME**

The name of the corporation shall be: CALCULATE BALANCE INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
Unit 1021  
9745 Touchton Rd  
Jacksonville FL 32246

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Purpose of this business is to provide bookkeeping services.

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: IEVA RINKEVICIUTE  
Address: DIRECTOR  
Unit 1021, 9745 Touchton Rd  
Jacksonville FL 32246

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: IEVA RINKEVICIUTE  
Address: Unit 1021, 9745 Touchton Rd  
Jacksonville, FL 32246

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: IEVA RINKEVICIUTE  
Address: Unit 1021, 9745 Touchton Rd  
Jacksonville, FL 32246

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]  
Required Signature/Registered Agent

January 1 2013  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]  
Required Signature/Incorporator

January 1 2013  
Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JAN -2 PM 2:00