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T. SUM. S. S. SULLS.

COVER LETTER

; :

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

SUBJECT:	Simply	balanced	INC.				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)				
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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					
	Mich	ala D					
FROM:	Name	e (Printed or typed)					
213 Foetuna Drive							
Palm Beach Galdas, Fz 3341t							
(57e1) 222-000 3 Daytime Telephone number							
E-mail address: (to be used for future annual report notification)							
E-man address. (to be used for ruture annual report norm carron)							

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 The name of the o	NAME corporation shall be:	Simply	balan	ced inc	<i>a</i>	
ARTICLE II	PRINCIPAL OFFICE Principal street a	ddress		Mailing address, if d		_
	n Bauch Ga					
	PURPOSE which the corporation is CONSULT DN HOW a	INdivid	uals ar Panize s Le places	nd Con Heir r	pan	1 <u>es</u> 35
ARTICLE V	INITIAL OFFICER and Title: MICHEL 213 Fo	etura Dew	51deName and Title	:	SECTEMENT OF STATE	13 MAY 24 AH 10: \$7
Name an Address	nd Title:	each Gardo 33410	Name and Title	:		
Name an Address	od Title:			:		

Name and Title:	Name and Title:	
Address	Address:	
	<u></u>	
ARTICLE VI REGISTERED AGENT	OT assemble) of the registered agent is	
The name and Florida street address (P.O. Box No. Name:	URION	
Address: 213 Fortun	a Drive	,
Palm Beach G	Pardens FL 33410	Sec. 13
ARTICLE VII INCORPORATOR		[3:7]
The <u>name and address</u> of the Incorporator is:	1	MAY 24
Name: Michele	URINO	AH IO:
Address: 213 Fortuna	Drive	0: 57 STATE SRIDA
Palm Beach G	pardens, FL 33410	
Having been named as registered agent to accept s		
his certificate, I am familiar with and accept the of	ppointment as registered agent and agree to ac	t in this capacity
Much la f	$(u \sim)$	5/2//13
Required Signature/Regi	stered Agent	Date
submit this document and affirm that the facts s		la - t. f
submit this document and affirm that the facts s locument to the Department of State constitutes a		
Michele H		5/21/13
Required Signature/Inc	corporator	Date
Michele Pur	Ino	