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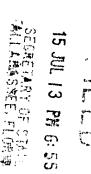
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Dr	ocument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer.	
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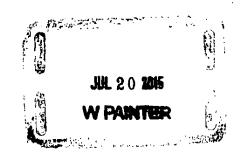
Office Use Only



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COVER LETTER

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

SUBJECT:	REACH BALANCE FOR WELLNESS INC		
	(PROPOSED CORPORAT	E NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	eles of incorporation and	d a check for:
■ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM:	MONIQUE SERRES Name (Printed or typed)	
	533 34TH STREET		
		-m758	
	WEST PALM BEACH FL 33407		•
	City, S	tate & Zip	
	5 61 800 0600		
**************************************	Daytime Te	lephone number	
	neachbalance@bellsouth.net		
	E-mail address: (to be used	for future annual report i	notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME. The name of the corporat	ion shall be:	E FOR WELLNESS INC
ARTICLE II PRINC		Mailing address, if different is:
WEST PALM BEAC	CH FL 33407	
ARTICLE III PURPO The purpose for which the	SE A e corporation is organized is:	NY AND ALL LAWFUL BUSINESS
he number of shares of sha	LOFFICERS AND/OR DIRECTORS MONIQUE SERRES - PRESIDENT	
the number of shares of shares of shares	LOFFICERS AND/OR DIRECTORS MONIOUE SEDDES DESIDENT	Name and Title: Address:
he number of shares of s **RTICLE V INITIA** Name and Title:	MONIQUE SERRES - PRESIDENT 533 34TH STREET WEST PALM BEACH FL 33407	Name and Title:
he number of shares of sha	MONIQUE SERRES - PRESIDENT 533 34TH STREET WEST PALM BEACH FL 33407 DUNCAN MC BRIGHT	Name and Title:
he number of shares of sha	MONIQUE SERRES - PRESIDENT 533 34TH STREET WEST PALM BEACH FL 33407 DUNCAN MC BRIGHT	Name and Title:
Name and Title: Address Name and Title: Address	MONIQUE SERRES - PRESIDENT 533 34TH STREET WEST PALM BEACH FL 33407 DUNCAN MC BRIGHT . 533 34TH STREET WEST PALM BEACH FL 33407	Name and Title:

Name a	and Title:	Name and Title:	
Addre	sss	Address:	
ATICLE VI			
. he name and	Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	MONIQUE SERRES		
Address:	533 34TH ST		
	WEST PALM BEACH FL 33407		
<i>₃RTICLE VII</i>	INCORPORATOR		
	address of the Incorporator is:		
Name:	MONIQUE SERRES		
Address:	533 34TH ST		5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	WEST PAL BEACH FL 33407		
ABBUAT DIVI			E E
	if other than the date of filing:	(OPTIONAL :	Br Si
(If an effective days after the	date is listed, the date must be specific and can	not be more than five business	days prior or 00 business
	te inserted in this block does not meet the applicab effective date on the Department of State's records		his date will not be listed as
Having been no this certificate,	amed as registered agent to accept service of proce I am familiar with and accept the appointment as r	ess for the above stated corporati egistered agent and agree to act	on at the place designated in in this capacity
	MI		JULY 06, 2015
	Required Signature/Registered Agent		Date
	ocument and affirm that the facts stated herein ar		
	e Department of State constitutes a third degree felo	• •	F.S.
	uired Signature/Incorporator		JULY 06. 2015
Req	uired Signature/Incorporator		JULY 06, 2015 Date

COVER LETTER

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

SUBJECT:	REACH BALANCE FOR WELLNESS TINC			
SUBJECT:	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
Enclosed are an orig	ginal and one (1) copy of the artic	eles of incorporation and	d a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status	
		ADDITIONAL CO	OPY REQUIRED	
FROM:	MONIQUE SERRES	(Printed or typed)		
	533 34TH STREET			
		-un'CSS		
	WEST PALM BEACH FL 33407	·		
	City, S	State & Zip		
	5 61 800 0600			
	Daytime Te	lephone number		
	reachbalance@bellsouth.net			
	Femail 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)

n shall be:	FOR WELLINESS INC	
PAL OFFICE rincipal street address	Mailing	address, if different is:
I FL 3346'		
E An accorporation is organized is:	IY AND ALL LAWFUL	BUSINESS
		15 JUL 13 SEGRETARY
MONIQUE SERRES - PRESIDENT	_ Name and Title:	F 2 6 F
E33 34TH STREET	Address:	\$5 55
WEST PALM BEACH FL 33407		
DUNCAN MC BRIGHT	Name and Title:	
	_ /==:	
WEST PALM BEACH FL 33407		
	_ Name and ीगः:	
	Address:	
	AN OFFICE incipal street address [FL 3346: Le corporation is organized is:AN OFFICERS AND OR DIRECTORS MONIQUE SERRES - PRESIDENT 233 34TH STREET WEST PALM BEACH FL 33407 DUNCAN MC BRIGHT 533 34TH STREET WEST PALM BEACH FL 33407	Mailing IFL 3346: E ANY AND ALL LAWFUL corporation is organized is:

Vame a	nd Title:	Name and Title:
Addres	SS	Address:
.etici FVI	REGISTERED AGENT	
	Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name	MONIQUE SERRES	
Address:	533 34TH ST	
	WEST PALM BEACH FL 33407	
<u>iRTICLE VII</u>	INCORPORATOR	
The <u>name and</u>	address of the Incorporator is:	
Name:	MONIQUE SERRES	
Address:	533 34TH ST	- 5 - 2
	WEST PAL BEACH FL 33407	
	I EFFECTIVE DATE. If other than the date of filing:	
	date is listed, the date must be specific and cam	not be more than five business days prior or 90 business
	ate inserted in this block does not meet the applicable effective date on the Department of State's records	le statutory filing requirements, this date will not be listed as
	amed as registered agent to accept service of proce I am familiar with and accept the appointment as r	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
	MI	JULY 06. 2015
	Required Signature/Registered Agent	Date
	ocument and affirm that the facts stated herein at e Department of State constitutes a third degree fel	re true. I am aware that the false information submitted in a ony as provided for in s.817.155, F.S.
	W-1-4	JULY 06, 2015
Dag	uired Signature/Incorporator	Date