

5/29/2020

Division of Corporations

P2000035864
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : PARASEC
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Fax Number : (800)603-5868

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: RLOPS@PARASEC.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
Balance Health and Wellness Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

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 Balance Health and Wellness Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2469 Glenridge Drive Spring Hill, FL 34609

Mailing address, if different is.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is. Professional Corporation: Private Practice Healthcare Mental Health

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title. Nicole Amber Tedesco Director Name and Title: _____

Address 2469 Glenridge Drive Address: _____

Spring Hill, FL 34609 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title. _____ Name and Title. _____

Address _____ Address. _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Nicole Tedesco

Address: 2469 Glenridge Drive

Spring Hill, FL 34609

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Steven Zenovieff

Address: 2804 Gateway Oaks Dr #100

Sacramento, CA 95833


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL.)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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



Required Signature/Registered Agent

5/28/2020
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.



Required Signature/Incorporator

05/28/2020
Date