Address City/State/Zip Phone # .Kory.A. Casey, D.C. 551 S Apollo Blvd. Ste. 207 .Melbourne, FL 32901-1274 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) 600003411496---10/02/00--01110--006 *****78.75 (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Certified Copy Pick up time ☐ Mail out ☐ Photocopy ☐ Certificate of Status Will wait **NEW FILINGS AMENDMENTS** Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other **Examiner's Initials** CR2E031(7/97)

ARTICLES OF INCORPORATION OF

ODOCY SILED AND BEAD

APOLLO MEDICAL MASSAGE, JAK

The undersigned hereby make, subscribe, and acknowledge and file these Articles for the purpose of becoming a corporation under the laws of the State of Florida.

1. The Name of this corporation shall be:

APOLLO MEDICAL MASSAGE, INC.

- 2. The corporation is to have perpetual existence.
- 3. The corporation shall be authorized to engage in any business activity permitted under the laws of the State of Florida and the United States of America.
- 4. The maximum number of shares which the corporation shall have the authority to issue shall be One Hundred (100), all of which shall be common stock without par valve.
- 5. The principal office of the corporation shall be located at:

551 S. APOLLO BIVD SUITE#207 MELBOURNE, FL 32901 321-676-5600 Phone

6. Pursuant to Chapter 48.091, Florida Statutes, the following named person is designated as resident agent for this corporation to accept service of process within the State of Florida:

Kory Casey 59 lde 623nd Lane Vero Beach, FL 32967

7. The name and address of the incorporator is:

Kory Casey 5966 623rd hane Vero Beach, Fr. 32967

said incorporator is over the age of twenty-one (21); is Sui Juris, and a citizen of the United States of America

- 8. One (1) director shall constitute the initial board of directors of the corporation, but the By-Laws may provide for such increase or decrease in number as authorized by law.
- 9. The name and address of the member of the initial board of directors is:

Kory Casey 5966 102nd have Vero Bach, Fr. 32967

10. Nothing in these Articles of Incorporation shall be taken to limit the power of this corporation.

IN WITNESS WHEREOF, the undersigned has made and subscribed these articles of incorporation this 27 day of 1000.

- How way

STATE OF FLORIDA COUNTY OF Brevard

Before me, the undersigned notary, personally appeared who is to me well known to be the person described in and who subscribed the above and foregoing Articles of Incorporation of APOLLO MEDICAL MASSAGE and who freely and voluntarily acknowledged before me according to law that he made and subscribed the same for the uses and purposes set forth therein.

IN WITNESS WHEREOF, I have set my hand and affixed my official seal in the above named county and state this 27 day of Sept. , 2000.

Notary Public

State/of Florida at Large

My Commission Expires:

MARY CATHERINE BERGER
My Comm Exp. 10/2/01
No. CC 680510
L/ Personally Known [1 Other LD.

STATE OF FLORIDA DEPARTMENT OF STATE

Certificate designation place of business or domicile for the service of process within this state, naming agent upon whom process may be served and names and address of officers and directors.

directors. The following is submitted in compliance with chapter 48.091 Florida Statutes: APOLLO MEDICAL MASSAGE, TAIC. __, a corporation organized or organizing under the laws of the State of Florida, with its principal office at 551 S. APocco Blvb appoints Koru Caseu _ as its agent to accept service of process) within this state. At the time of filling no officers have been elected for the corporation. The director of the corporation is whose address is 59106 62nd have ACCEPTANCE: ____, agree, as resident agent, to accept Service of Process; to keep the office open during prescribed hours and to post my name as authorized to accept process in some conspicuous place in the office. STATE OF FLORIDA COUNTY OF Every Before me, the undersigned notary, did appear person who subscribed the above acceptance as registered agent for Apollo MÉDICAL MASSAGE, INC. __, 2,000. My Commission Expires:

MARY CATHERINE BERGER
My Comm Exp 10/2/01
No. CC 630510
L'I Personally Known [] Other LD.