

P030000006691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

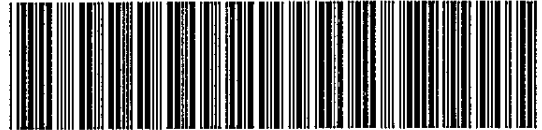
(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED AND
03 JAN 13 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: THE MASSAGE OASIS, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: NATHALIE TUROTTE
Name (Printed or typed)

601 NW 14th AVE.
Address

BOCA RATON, FL 33486
City, State & Zip

954-781-2468
Daytime Telephone number

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)

APPROVED
AND
FILED

03 JAN 13 AM 8:57

ARTICLE I NAME

The name of the corporation shall be:
THE MASSAGE OASIS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:
601 NW 14th AVE.
BOCA RATON, FL 33486

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO DELIVER HUMAN WELLNESS SERVICES AND RELATED PRODUCTS

ARTICLE IV SHARES

The number of shares of stock is:
1,000 (one thousand)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

NATHALIE TUROTTE
PRESIDENT
601 NW 14th AVE.
BOCA RATON, FL 33486

GINA WRIGHT
SECRETARY & TREASURER
601 NW 14th AVE.
BOCA RATON, FL 33486

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

THE MASSAGE OASIS, INC. → GINA WRIGHT
601 NW 14th AVE.
BOCA RATON, FL 33486

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

NATHALIE TUROTTE
601 NW 14th AVE.
BOCA RATON, FL 33486

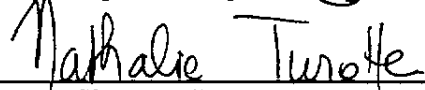
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

1/6/03

Date



Signature/Incorporator

1/6/03

Date