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To: Division of Corporations
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From: Account Name : SUPER TAX PLUS II SERVICES LLC
Account Number : I20170000027
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**FLORIDA PROFIT/NON PROFIT CORPORATION
XTREAM MASSAGE THERAPIST, CORP**

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ARTICLES OF INCORPORATION

OF

XTREAM MASSAGE THERAPIST, CORP

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this Corporation shall be:

XTREAM MASSAGE THERAPIST, CORP

ARTICLE II

The principal place of business and mailing address of this corporation shall be:

**10001 LOQUAT STREET
MIRAMAR, FL 33025**

ARTICLE III

The numbers of shares of stock that this corporation is authorized to have outstanding at any one time is: One hundreds (100) of one dollar(s) (\$1.00)

ARTICLE IV

The name and address of the initial registered agent is:

**CELIA PINERO MILANES
10001 LOQUAT STREET
MIRAMAR, FL 33025**

ARTICLES V INCORPORATORS (S)

The name (s) and street address of the incorporator (s) to this Article of Incorporation is

**CELIA PINERO MILANES
10001 LOQUAT STREET
MIRAMAR, FL 33025**

ARTICLE VI (DIRECTORS)

**CELIA PINERO MILANES
10001 LOQUAT STREET
MIRAMAR, FL 33025**

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The undersigned incorporator (s) has (have) executed these Articles of Incorporation this September 29, 2018



CELIA PINERO MILANES

**CERTIFICATION OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 6170501, Florida Statute, the Undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent, in the State of Florida.

XTREAM MESSAGE THERAPIST, CORP

The name and address of the registered agent and office is:

CELIA PINERO MILANES
10001 LOQUAT STREET
MIRAMAR, FL 33025

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE _____
DATE _____

