

F4000001109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

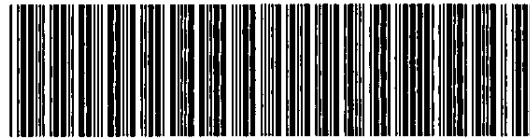
(Business Entity Name)

(Document Number)

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STATE
OF FLORIDA

11714-9554

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2014

JANICE BOWMAN
6703 PEMBERTON ESTATE COURT
SEFFNER, FL 33584

SUBJECT: KIM'S MASSAGE, INC.
Ref. Number: W14000009554

We have received your document for KIM'S MASSAGE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II

Letter Number: 914A00003349



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 25, 2014

JANICE BOWMAN *****2ND MAILING*****
17401 COMMERCE PARK BLVD.
TAMPA, FL 33647

SUBJECT: KIM'S MASSAGE, INC.
Ref. Number: W14000009554

We have received your document for KIM'S MASSAGE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Maryanne Dickey
Regulatory Specialist II

Letter Number: 914A00003349

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Kim's Massage Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Janice Bowman
Name of Person

N/A
Firm/Company

~~1703 Pemberton Estate Court~~ 12825 Tallwood Drive¹
Address

~~Suwanee, FL 33584~~ Riverview FL 33579
City/State and Zip code

bbheartsandhooves@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janice Bowman at (252) 619-9225
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Kim's Massage Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Spa Moritz, Inc

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NC

(State or country under the law of which it is incorporated)

3. 45-

(FEI number, if applicable)

4. 10-22-2011

(Date of incorporation)

5. perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. NIA

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 17401 Commerce Park Blvd Tampa, FL 33647

(Principal office address)

~~6703 Pemberton Estate Ct. Dufferin, FL 33584~~

(Current mailing address)

12825 Tallowood Dr
Rivernew FL 33579

8. Operations of Beauty Spa

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Janice Bowman

Office Address: 17401 Commerce Park Blvd

Tampa

(City)

Florida 33647

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Janice Bowman

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Kim Bowman
Address: ~~10903 Pemberton Estate Ct.~~ 12825 Tallwood Dr.
~~Seffner, FL 33584~~ Riverview FL 33569
Vice Chairman: Janice Bowman
Address: 17401 Commerce Park Blvd.
Tampa, FL 33647

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STATE
FLORIDA

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: 1

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Kimberly Bowman / Janice Bowman
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. Kimberly Bowman / Janice Bowman
(Typed or printed name and capacity of person signing application)



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

KIMS MASSAGE INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 22nd day of June, 2011, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

14 MAR 12 PM 3:22
STATE
SECRETARY OF STATE
FLORENCE



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 5th day of March, 2014.

Elaine F. Marshall

Secretary of State