# 196000001552 TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION DIMSION OF CORPORATIONS

500001444405 -03/31/95--01005--008 \*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: <u>Rensacola School of Massage</u> Therapy, Inc.

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", 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:

Miranka Fountain, L.M.T.

(Name of Person)

Pensacola School of Massage Therapy, Inc.

(Firm/Company)

2324 Windstone Dr.

(Address)

Pensacola FL. 32526

(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

Miranta Fountain at (904) 438 - 800/.
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Tax Lien Sec. Division of Corporations 409 E. Gaines St. Tallahessee, FL 32399 **MAILING ADDRESS:** 

Qualification/Tax Lien Sec. Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

#### 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: (Name of corporation: must include the word "NCORPORATED" COMPANY", CORPORATION or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) (Duration: Year corp. will cease to exist or "perpetual" to open Name and street address of Florida registered agent: Miranka Fountain Office Address: \_

#### 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.

11. At ached 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.

## **DIRECTORS** Chairman: \_ Vice Chairman: Address: \_ Director: \_\_ Address: \_\_\_\_ Director: \_\_\_\_ Address: \_\_ **OFFICERS** President: \_\_ Pensacola. FL. 32526 Vice President: \_\_\_\_ Address: \_\_\_\_ n Secretary: \_\_\_\_ Address: \_ Treasurer: Address: \_ NOTE: If necessary, you may attach an addendum to the application listing additional officers

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

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

and/or directors.

### State of Delaware

## Office of the Secretary of State

PAGE

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PENSACOLA SCHOOL OF MASSAGE
THERAPY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE
OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE
EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE
TWENTY-FIRST DAY OF DECEMBER, A.D. 1994.

SECRETARY OF STATE DIVISION OF CORPORATIONS

Edward J. Freel, Secretary of State

**AUTHENTICATION:** 

DATE:

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STATE OF DELAMARE SECRETARY OF STATE DIVISION OF CORPORATIONS FILEO 09:00 AM 12/12/1994 944240921 - 2463602

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## STATE of DELAWARE CERTIFICATE of INCORPORATION A CLOSE CORPORATION

	SECOND: Its Registered Office in the State of Delaware is to be located at Harnerd Business  Services Inc. 25 Ground Manat , in the City of Lewis
	County of
	There : The nature of the business and the objects and purposes proposed to be transacted, promoted and carried on, is to open and opende a. Massage Therapy S in Florida.
	FOURTH: The amount of the total authorized capital stock of this corporation is
	ONG THOUSAND Dollars (\$ 1,000.00 ) divided
	into 1,000 shares of One Dollars (\$ 1100 ) each.
	FIFTH: The name and mailing address of the incorporator are as follows:  Name <u>Miranka Fountain</u> Mailing Address 2324 Windstone. Dr
•	Zip Code
	Sixtii: All of the corporation's issued stock, exclusive of treasury shares, shall be held of record by not more than thirty (30) persons.
	SEVENTH: All of the issued stock of all classes shall be subject to one or more of the restrictions on transfer permitted by Section 202 of the General Corporation Law.
	Егинт: The corporation shall make no offering of any of its stock of any class which would con-
	stitute a "public offering" within the meaning of the United States Securities Act of 1933, as it may be amended from time to time.
	1, THE UNDERSIGNED, for the purpose of forming a corporation under the laws of the State of
	Delaware, do make, file and record this Certificate, and do certify that, the facts herein stated are
	rue, and I have accordingly hereunto set my hand this 8 44
t	lay of December AD 19 94

Incorporator