

**No3000004002**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

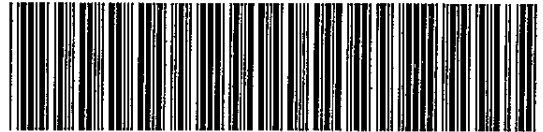
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FILED  
03 MAY -5 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

✓

gsl

## TRANSMITTAL LETTER

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

SUBJECT: USA Muscular Therapy charities, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Joshua MacLeod  
Name (Printed or typed)

2126 Wood Bridge rd.  
Address

Longwood FL. 32779  
City, State & Zip

407 - 376 - 9781  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

## **ARTICLES OF INCORPORATION**

**In compliance with chapter 617, F.S., (Not for Profit)**

### **ARTICLE 1---- NAME**

**The name or the corporation shall be:**

USA MUSCULAR THERAPY CHARITIES, INC.

### **ARTICLE 2---- PRINCIPAL OFFICE:**

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

2126 WOODBRIDGE RD.  
LONGWOOD FL. 32779

### **ARTICLE 3---- PURPOSE**

**The purpose for which the corporation is organized is:**

The purpose of the organization is to provide primary and emergency muscular therapy -(massage therapy) services to low income and indigent persons with muscular difficulties such as Fibromyalgia and Parkinson's Disease who cannot themselves afford these services. Other persons with different or similar muscular difficulties will not be excluded, but the preferred candidate would be a person(s) with Fibromyalgia and Parkinson's Disease.

### **ARTICLE 4---- MANNER of ELECTION**

**The manner in which the directors are elected or appointed:**

The officers will appoint the directors. Every attempt will be made to select L.M.T.'S who are practicing Neuromuscular – Massage Therapy. The names will be selected from L.M.T.'S who have volunteered to being a director by responding to a mailout. Business and professional people who care to serve on the board will not be excluded, but the preferred candidate would be a practicing L.M.T. of Neuromuscular – Massage Therapy.

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TALLAHASSEE, FLORIDA

## **ARTICLE 5----AUTHORIZED CORPORATE POWERS**

**The authorized corporate powers of the proposed corporation would not have any limits.**

## **ARTICLE 6---- INITIAL DIRECTORS/OFFICERS**

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

Joshua Macleod L.M.T. MA30032  
2126 Woodbridge Rd.  
Longwood FL. 32779

Dr. Susan Sult, PHD.  
P.O.Box 2524  
Sanford FL.32771

David A. Catron L.M.T. MA37090  
507 Sand Wedge Loop  
Apopka FL. 32712

**ARTICLE 7- INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and Florida street address of the registered agent

Joshua MacLeod L.M.T. MA 30032  
2126 Woodbridge Rd.  
Longwood FL. 32779

**ARTICLE 8--- INCORPORATOR**


The name and address of the Incorporator is:

Joshua MacLeod L.M.T. MA30032  
2126 Woodbridge Rd.  
Longwood FL. 32779

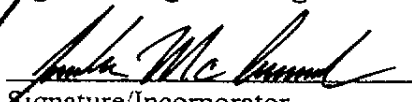
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TALLAHASSEE, FLORIDA

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*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

5/1/03  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

5/1/03  
\_\_\_\_\_  
Date