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CORPORATE ACCESS,	236 East 6th Avenue . Tallahassee, Florida 32303
INC. P.O. Box 37066	
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РНОТО СОРУ	FILING ARTICLES
1.) HEALING HANDS N (CORPORATE NAME & DOCUMENT#)	MASAGE Therapy + Moreo INC
2.)(CORPORATE NAME & DOCUMENT #)	00003095890=-4 -01/12/0001046006 *****87.50 *****87.50
3.) (CORPORATE NAME & DOCUMENT #)	
4.)(CORPORATE NAME & DOCUMENT #)	DEFA. DIVISION TALLA
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SPECIAL INSTRUCTIONS	RIGHT SS

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### ARTICLES OF INCORPORATION

### FOR

### HEALING HANDS MASSAGE THERAPY & MORE, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I - NAME

The name of the corporation is:

HEALING HANDS MASSAGE THERAPY & MORE, INC.

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### ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation is:

11681 49<sup>TH</sup> Street North, Suite 18 Clearwater, FL 33762

### ARTICLE III - OFFICER

The name and address of the initial officer(s) is:

Kathi Wahls P/S/T 11681 49<sup>th</sup> Street North, Suite 18 Clearwater, FL 33762

### ARTICLE IV - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of one dollar (\$1.00) per share.

ARTICLE V - INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent for this corporation is:

Kathi Wahls

11681 49th Street North, Suite 18 Clearwater, FL 33762

## ARTICLE VI - INCORPORATOR

The name and address of the incorporator for this corporation is:

Kathi Wahls

11681 49th Street\_North, Suite 18 Clearwater, FL 33762

The undersigned incorporator has executed these Articles of Incorporation this 10th day of Gamuany, 2000.

KATHI WAHLS

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the corporation is:

HEALING HANDS MASSAGE THERAPY & MORE, INC.

The name and address of the registered agent is:

Kathi Wahls

11681 49<sup>th</sup> Street North, Suite 18 Clearwater, FL 33762

Having been named registered agent for the stated corporation, I hereby accept the appointment as registered agent and am familiar with and accept the obligation of my position.

KATHI WAHLS

Signature of Registered Agent

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