March (3) , 2000

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

· FILED

00 APR -3 AM 10: 04

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT:	TOT TO ATT TOTAL TO THE	• •		
	HOLIDAY ISLE MASSA	GE THERAPY	_TNC	
	(Proposed corporate	name - must include	40 (F-)	·
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Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00

378.75

Filing Fee Filing Fee

& Certificate of Status

x**□\$78.75**

Filing Fee

& Certified Copy

\$37.50

Filing Fee,

Certified Copy & Certificate of

ADDITIONAL COPY REQUIRED

	Re	tu	rn	to	

FROM:	F. B. ESTERGREN, P.A.
	Name (Printed or typed)
	P.O. Drawer 2167
	Address
•	Ft. Walton Beach, FL 32549
	City, State & Zip
. —	<u> </u>
	Captions Tolombons and the

NOTE: Please provide the original and one copy of the

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OF

HOLIDAY ISLE MASSAGE THERAPY, INC.

GEORETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I - NAME:

The name of this corporation is: HOLIDAY ISLE MASSAGE THERAPY, INC., hereinafter referred to as the "Corporation".

ARTICLE II - DURATION:

The Corporation shall exist perpetually, commencing upon the filing of the Articles of Incorporation with the Department of State.

ARTICLE III - PURPOSE:

The Corporation is organized for the purpose of engaging in the Massage Therapy business and for the purpose of transacting any or all other lawful business not inconsistent with the Laws of the State of Florida.

ARTICLE IV - CAPITAL STOCK:

The Corporation is authorized to issue 100,000 shares of One Dollar (\$1.00) par value common stock.

ARTICLE V - PRE-EMPTIVE RIGHTS:

Every shareholder, upon the sale for cash of any new stock of the same kind, class or series as that which he or she already holds, shall have the right to purchase his or her pro-rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT:

The principal office and street address of the Corporation is: 115 Gulf Winds Ct. #3, Destin, FL, 32541, and the mailing address is: 115 Gulf Winds Ct. #3, Destin, FL 32541.

The name of the Registered Agent of the Corporation is:

THOMAS A TAYLOR, and the street office address of such

registered agent and registered office of the Corporation is:

115 Gulf Winds Ct. #3, Destin, FL 32541.

ARTICLE VII - INITIAL BOARD OF DIRECTORS:

The Corporation shall have 3 directors initially. The number of directors may be either increased or decreased from time to time by the By-Laws but shall never be less than one. The name and address of the initial directors of the Corporation are: THOMAS A. TAYLOR, 115 Gulf Winds Ct. #3, Destin, FL 32541.

JANET C. TAYLOR, 115 Gulf Winds Ct.#3, Destin, FL 32541.

KASYA N.TAYLOR, 115 Gulf Winds Ct.#3, Destin, FL 32541.

ARTICLE VIII - INCORPORATOR:

The name and address of the person signing these Articles is: THOMAS A. TAYLOR, 115 Gulf Winds Ct.#3, Destin, FL 32541.

ARTICLE IX - BY-LAWS:

The power to adopt, alter, amend or repeal the By-Laws shall be vested in the Board of Directors and the shareholders.

ARTICLE X - SECTION 1244 STOCK:

It is the intent of this Charter that the directors may sell the capital stock of the Corporation in accordance with the conditions of Sections 1243-1244, inclusive, of the Internal Revenue Code of 1954 as amended.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation on this 30 Hyday of March 2000.

THOMAS A. TAYLOR

CERTIFICATE OF DESIGNATION

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Pursuant to the provisions of sections 607.0501 or 617.0501, Florida, Statutes: the STATE undersigned corporation, organized under the laws of the State of Horida Lauthante Blue ORIDA following statement in designating the registered office/registered agent, in the State of

.1	The name of the corporation is:
•	HOLTDAY ISLE MASSAGE THERAPY INC
2.	The name and address of the registered agent and office is:
• •	THOMAS A. TAYDOR
	(NAME) 115 Gulf Winds Ct. #3
	(P.O. BOX NOT ACCEPTABLE)
	Destin, FL 32541
_	(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEP PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN 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 PER-FORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT, THE OBLIGA TIONS OF MY POSITION AS REGISTERED AGENT.