

P00000060040

TRANSMITTAL LETTER

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

SUBJECT: NORTH FLORIDA INSTITUTE OF MASSAGE THERAPY, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

300003298703--1
-06/21/00--01041--015
*****78.75 *****78.75

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 of
Status

ADDITIONAL COPY REQUIRED

FROM:

Steve Green

Name (Printed or typed)

905 ST. Johns Ave

Address

Palatka Florida 32177

City, State & Zip

(904) 326-9797

Daytime Telephone number

FILED
JUN 21 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

6-21-00
2

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

NORTH FLORIDA Institute of Massage Therapy INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

905 ST. Johns Ave
Palatka, Florida 32177

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

N/A.

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Steve R. Green. 1812 Bolton ABBey Dr.
JACKSONVILLE, FLA. 32223

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

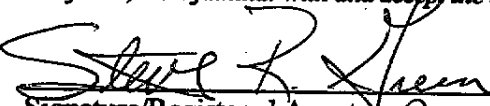
Steve R. Green 1812 Bolton ABBey Dr.
JAX., FLA. 32223

ARTICLE VII INCORPORATOR

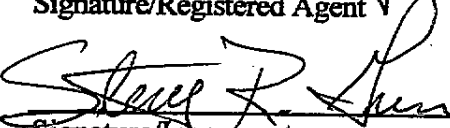
The name and address of the Incorporator is:

Steve R. Green 1812 Bolton ABBey Dr.
JAX. FLA. 32223

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

6.19.00
Date


Signature/Incorporator

6.19.00
Date

FILED
00 JUN 21 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA