LETTER Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 SUBJECT: (PROPOSED CORPORATE NAME - MUST SUFFIX) 00000 007 *****70.00 ****70.00 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : **X** \$70.00 \$78.75 \$78.75 **\$**87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Name (Printed or typed) 00 PM I2: 06 **JUN 27** NE RECEIVEI Address П P JUN 27 32301 \Box ÿ City, State & Zip 27 10 Daytime Telephone number

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

T.SMITH JUN 2 7 2000

ARTICLES OF INCORPORATION

of

LAKESIDE THERAPEUTIC MASSAGE, INC.

The undersigned incorporator, in order to form a corporation for the purposes hereinafter stated under and pursuant to the provisions of Chapter 607 and/or Chapter 621, Florida Statutes, do hereby certify as follows:

Article I Name

The name of the corporation is Lakeside Therapeutic Massage, Inc. (hereinafter the "Corporation").

Article II <u>Principal Office</u>

The Corporation's principal place of business is 1656 Legion Street, Tallahassee, Florida 32303.

Article III Purpose

The Corporation is organized for the purpose of operating a therapeutic massage clinic and any other lawful business authorized under Chapter 607, Florida Statutes.

Articles IV <u>Resident Agent</u>

The name and address of the Corporation's Florida registered agent is:

Valerie Ramos 1656 Legion Street Tallahassee, Florida 32303



Article V Shares

The Corporation shall have the authority to issue one thousand (1,000) shares of common stock with a par value of one dollar (\$1.00 U.S.) per share.

Article VI Term

The Corporation shall have perpetual existence.

Article VII Incorporator

The name and address of the sole incorporator are as follows:

Valerie Ramos 1656 Legion Street Tallahassee, Florida 32303

The following incorporator hereby executes the foregoing Articles of Incorporation before an officer authorized to take acknowledgements for delivery of these articles to the Florida Secretary of State for filing.

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ECRETARY OF STAT

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Subscribed before me this 22 day of June, 2000, by Valer	rie Ramos, wh	no produced
Fl. Driver Lizense as identification or is personally know	vn by me.	
R520-865-57-684-0		
Kalbeec W	1 flancier	
Notary Public		
My commission expires:		Rebecca M. Frazier

COMMISSION # CC590879 EXPIRES October 6, 2000 BONDED THRU TROY FAIN INSURANCE, INC.

CERTIFICATE OF ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for Lakeside Therapeutic Massage, Inc., at 1656 Legion Street, Tallahassee, Florida 32303, 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 performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

<u>(- 22-07)</u> Date