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TRANSMITTAL LETTER

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

100003346541--9

08/04/00 01065--013

\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: AT EASE MASSAGE Therapy INC.  
(Proposed corporate name - must include suffix)

SECTION OF STATE  
TALLAHASSEE, FLORIDA

00 AUG -4 AM 8:16

FILED

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

EFFECTIVE DATE

08-02-00

FROM: Tom WYNNE ATEASE MASSAGE Therapy Inc.  
Name (Printed or typed)

10920 63rd Way N  
Address

Pinellas PARK, FL 33782  
City, State & Zip

727 546-7308  
Daytime Telephone number

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

gfg/10

## Articles of Incorporation

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

### ARTICLE I NAME

The name of the corporation shall be: At Ease Massage Therapy Inc.

### ARTICLE II PRINCIPAL OFFICE

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

10920 63<sup>rd</sup> Way N.  
Pinellas Park, FL 33782

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is : 1000 shares of common stock.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Tom Wynne and address: 10920 63<sup>rd</sup> Way N., Pinellas Park, FL 33782

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Tom Wynne and address: 10920 63<sup>rd</sup> Way N., Pinellas Park, Florida 33782

### ARTICLE VI EFFECTIVE DATE

The effective date of the corporation is:

The 2<sup>nd</sup> day of August, 2000

Tom Wynne  
Signature/Incorporator

8-2-2000  
Date

Having been named as registered agent and to accept service of 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 performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Tom Wynne  
Signature/Registered Agent

8-2-2000  
Date

FILED  
00 AUG - 4 AM 8:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA