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TRANSMITTAL LETTER

FILED

00 AUG 16. AM 8: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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-08/16/00--01047--012
*****78.75 *****78.75

SUBJECT: MAGIC HANDS MASSAGE, INC.
(Proposed corporate name - must include suffix)

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

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: DONNA M. LITVACK
Name (Printed or typed)

8270 NW 67 AVENUE
Address

TAMARAC FL 33321
City, State & Zip

954. 722. 2674
Daytime Telephone number

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

RL 8/23/00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Magic Hands Massage, Inc.

ARTICLE II PRINCIPAL OFFICE

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

8270 NW 67 Avenue
Tamarac, FL 33321

ARTICLE III SHARES

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

One hundred (100) shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

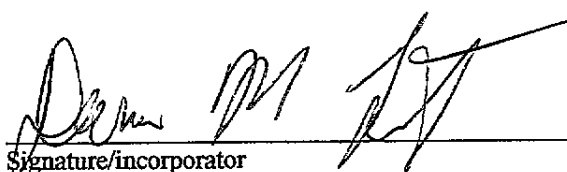
The name and Florida street address of the initial registered agent are:

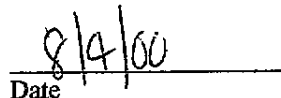
Donna M. Litvack
8270 NW 67 Avenue
Tamarac, FL 33321

ARTICLE V THE INCORPORATOR

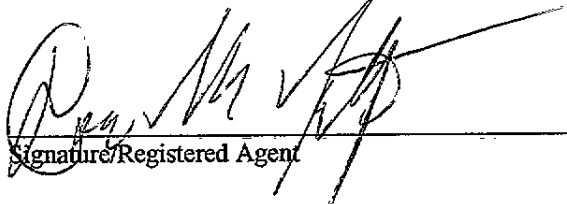
The name and address of the incorporator to these articles of incorporation are:

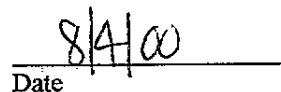
Donna M. Litvack
8270 NW 67 Avenue
Tamarac, FL 33321


Signature/incorporator


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.


Signature/Registered Agent


Date