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TRANSMITTAL LETTER

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

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-09/11/00--01079--016
*****87.50 *****87.50

SUBJECT: Armand Massage Therapy 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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Armand Massage Therapy / M. Peggy Armand
Name (Printed or typed)

3608 W. Azeele St., Suite 102
Address

Tampa, FL 33609
City, State & Zip

(813) 414-0220
Daytime Telephone number

FILED
00 SEP 11 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

9-13
100

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:

Armand Massage Therapy Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

ARMAND MASSAGE THERAPY
3608 W. AZEELE ST. SUITE 102
TAMPA, FL 33609
(813) 414-0220

ARMAND MASSAGE THERAPY
3608 W. AZEELE ST. SUITE 102
TAMPA, FL 33609
(813) 414-0220

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To offer the Service of Massage therapy in our office as well as out calls.

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

~~N/A~~ Marie-Josée Peggy Armand 3608 W. Azeele St.
Suite 102
Tampa, FL 33609
Manfred P. R.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

M. Peggy Armand, 3608 W. Azeele St., Suite 102, Tampa, FL 33609
Manfred P. R.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

M. Peggy Armand, 3608 W. Azeele St., Suite 102, Tampa, FL 33609
Manfred P. R.

ARTICLE VIII Effective Date of Incorporation: September 7th, 2000

MPA (9/7/00)

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

Manfred P. R.
Signature/Registered Agent

9/6/00
Date

Manfred P. R.
Signature/Incorporator

9/6/00
Date