POOTOARMOTA/LIOTZ 562

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



-01134--014

*****78.75

SUBJECT:	Wellness Mossage P.A. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
	500003444 -10/30/00
	*****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: Name (Printed or typed)
5221 Sidesaddle Drive
Address
Jacksonville FL 32257 City, State & Zip
(904) 7110-6103
Daytime Telephone number

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	75° 00			
ARTICLE I NAME The name of the corporation shall be: Wellness Massage	OD OCT 30 AM 9: 55 TALLAHASSEE, FLORIDA			
	addle Drive Drive Signature Signatur			
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Proce	tice Massage Thero			
ARTICLE IV SHARES The number of shares of stock is: One hundred (100))			
ARTICLE V INITIAL OFFICERS DIRECTORS (optional). The name(s) and address(es): HOLLY R. HULL 5221 Side Saddle Drive Jex, Fl. 32257	<u>)</u>			
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Holly R. Hull 5221 Side Saddle Dr. Tacksonville, FL 32257				
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:				

Signature/Registered Agent	<u>10-2(₀-∞</u> Date			
Signature/Incorporator	10-26-00 Date			