TRANSMITTAL LETTER 100088612

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



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SUBJECT:	ASAUNA, INC	2.	000045683 -09/05/0101 *****78.75	3 14 1007012 *****78.7
	(PROPOSED CORPORATE NA	AME – <u>MUST INCLUDE SU</u>	FIX)	
· .				
Enclosed are an or	iginal and one (1) copy of the artic	cles 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:	Bernice A. Bryant Name (Print or typed)	· :	e A	
	P.O. Box 48705			n
	Address			

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

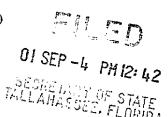
Tampa, FL 33647 City, State & Zip

Daytime Telephone number

813-907-9755

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:

ASAUNA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Business Location: Advantage Massage & Therapy Clinic

104B East Fletcher Ave. Tampa, FL 33612

Mailing Address: Asauna, Inc.

P.O. Box 48705 Tampa, FL 33647

ARTICLE III PURPOSE

The purpose for which the corporation is organized:

Provide Massage & Bodytherapy

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INTIAL OFFICERS/DIRECTORS

The name(s), address (es) and title(s):

Craig M. Bryant

9221 Cypresswood Circle Tampa, FL 33647-2431

President, Treasurer, Board Chairman

Bernice A. Bryant

9221 Cypresswood Circle

Tampa, FL 33647-2431

Vice-president, Clinical Director, Corporate Secretary

ARTICLE VI REGISTERED AGENT

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

Bernice A. Bryant 9221 Cypresswood Circle Tampa, FL 33647-2431 Vice-president, Clinical Director

ARTICLES OF INCORPORATION (Continued)

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)



ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Craig M. Bryant P.O. Box 48705 Tampa, FL 33647 President, Treasurer

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.

Signature/Registered Agent

Signature/Incorporator

Cuy 3), 2001

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