

TRANSMITTAL LETTER

P01000088612

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

FILED  
01 SEP -4 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400004568914--4  
-09/05/01--01007--012  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: ASAUNA, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Bernice A. Bryant  
Name (Print or typed)

P.O. Box 48705  
Address

Tampa, FL 33647  
City, State & Zip

813-907-9755  
Daytime Telephone number

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

B. BROWN SEP 10 2001

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

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**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                      INITIAL 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)

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**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.*

Bernice A. Bryant  
Signature/Registered Agent

Aug 31, 2001  
Date

Craig M. Bryant  
Signature/Incorporator

Aug 31, 2001  
Date