TRANSMITTAL LETTER

P01000103349

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

\$70.00

378.75

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🗷 \$87.50

SUBJECT: HANDS ON YOU MASSAGE TINC

OROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED	
FROM:	DIANE CA	ARPUTHERS rinted or typed)	<u> </u>	
	6574 N.	SL-7	Suite 3	53
	Cocont C	reek Fl State & Zip	3307	
	(561) 312 Daytime T	Felephone number	SEORETARY 55 STATE TALLAHASSEF FLORID	010CT 24 PN 12: 46

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) NAME ARTICLE I The name of the corporation shall be: HANDS ON YOU MASSAGE Inc. PRINCIPAL OFFICE ARTICLE II The principal place of business/mailing address is: 6574 N. SR-7, Suite 353 COCONUT CREEK FL 33073 **PURPOSE** ARTICLE III The purpose for which the corporation is organized is: TO CREATE A PROFITABLE BUSINESS. SHARES ARTICLE IV The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): DIANE CARUTHERS, 216 SW 4ThavE, BOYNTON BEach, FL, PRESIDENT REGISTERED AGENT ARTICLE VI The name and Florida street address of the registered agent is: SANDRA LOVELL VICIAGE OCEANVIEW 3212 NE 5 STREET PONEPANO BEACH FL 33062 INCORPORATOR ARTICLE VII The name and address of the Incorporator is: DIANE CARRUTHERS 216 SW 4TAVE ROYNTON Beach FL 33435 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