10/000/1/1/533

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

SUBJECT: SPIRALING CURVES, P.A.

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

□ \$70.00 □ \$78.75

\$78.75

□ \$87.50

Filing Fee Filing Fee

Filing Fee

Filing Fee,

& Certificate of Status & Certified Copy Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:

A1A Florida Corporate Services 218 Southern Country Lane Quincy, FL 32351 1-850-921-4840

600004692206---2 -11/26/01--01003--001 ****472.50 *****78.75

ARTICLES OF INCORPORATION

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

OI NOV 26 AM 8:50
ALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

SPIRALING CURVES, P. A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is :

2932 MAPLE GROVE PLACE

OVIEDO, FL 32765

ARTICLE III PURPOSE

The purpose for which the corporation is organized

The corporation engages in the business of licensed massage therapy.

ARTICLE IV SHARES

The number of shares of stock is:

1500 COMMON SHARES

PAR VALUE \$.10

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

Director

PEGGY ANN TRIPP

2932 MAPLE GROVE PLACE

OVIEDO, FL 32765.

ARTICLE VI REGISTERED AGENT

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

LARRY SISSON

218 SOUTHERN COUNTRY LANE

QUINCY, FL 32351

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

A1A FLORIDA CORPORATE SERVICES

LARRY SISSON

218 SOUTHERN COUNTRY LANF

QUINCY, FL 32351

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.

ignature Registered Agent

Signature/Incorporator

Date

Doto I