

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : JOHN INCORVIA
Account Number : I19990000040
Phone : (305) 681-7877
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3 pages total

FLORIDA PROFIT CORPORATION OR P.A.

Miami Massage Therapy Co

Certificate of Status	1
Certified Copy	0
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**ARTICLES OF INCORPORATION
OF
Miami Massage Therapy Co.**

ARTICLE I. NAME

The name of this corporation shall be **Miami Massage Therapy Co.**

ARTICLE II. PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Judianne Puerto, 15311 NW 89 Place, Miami, FL 33018

ARTICLE III. CORPORATE PURPOSE

The corporation was formed to conduct any and all lawful business within the State of Florida.

ARTICLE IV. CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares at no par value.

ARTICLE V. REGISTERED AGENT

The name and address of the registered agent is:

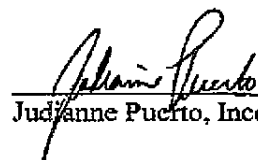
Judianne Puerto, 15311 NW 89 Place, Miami, FL 33018

ARTICLE VI. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Judianne Puerto, 15311 NW 89 Place, Miami, FL 33018

The undersigned has executed these Articles of Incorporation this October 16, 2002.


Judianne Puerto, Incorporator

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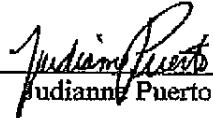
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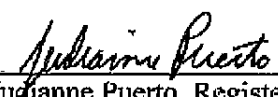
**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provisions of Florida Statutes sections 48.091 and 607.501, the undersigned corporation, desiring to organize under the laws of the State of Florida, submits the following statement:

1. The name of the corporation is **Miami Massage Therapy Co.**
2. The address of the registered office is 15311 NW 89 Place, Miami, FL 33018.
3. The name of the registered agent is Judianne Puerto

Signature:  Date: 10/16/02
Judianne Puerto

Having been named as the registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the duties and obligations of this position, I hereby accept appointment as registered agent, agree to act in this capacity and comply with the provisions of all statutes relating to the proper and complete performance of my duties.

Signature:  Date: 10/16/02
Judianne Puerto, Registered Agent

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