

PO2000123765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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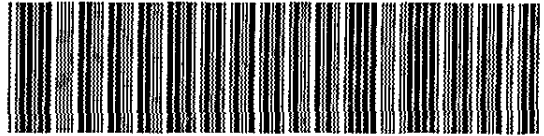
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

65m 11/20

TRANSMITTAL LETTER

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

SUBJECT: ORIENTAL HEALTH SPA, 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: ORIENTAL HEALTH SPA INC
Name (Printed or typed)

P.O. BOX 260502
Address

TAMPA, FL 33685
City, State & Zip

813 - 886 - 6992
Daytime Telephone number

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

ARTICLES OF INCORPORATION

OF

Oriental Health Spa, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I-NAME

The name of the corporation shall be: Oriental Health Spa, Inc.

The principle place of business of this corporation shall be:

Mailing Address

Physical Address

P.O.Box 260502
Tampa, Fl 33685

5548 66th St. N.
St. Petersburg, Fl 33709

ARTICLE II-NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III-CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is 10,000 all of which shall be Common shares with a non-par value.

ARTICLE IV-TERM OF EXISTENCE

This corporation is to exist perpetually, unless dissolved according to Florida law, commencing its existence upon the approval of the State.

ARTICLE V-OFFICERS DIRECTORS

The name and street address of the initial officer and director, if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is:

James Lee
4011 S. Manhattan Ave # 217
Tampa, Fl 33611
Director

Hyun Jung Park
6415 Lois St # 112
Tampa, Fl 33616
Director

John V. Tortorello
4822 Bonita Vista Dr
Tampa, Fl 33634
Vice President

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TALLAHASSEE, FLORIDA

ARTICLE VI-INCORPORATORS

The name and street address of the incorporator to this articles of incorporation is:

Hyun Jung Park
6415 Lois St # 112
Tampa, Fl 33616

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 14th day of November, 2002.

Hyun Jung Park
Signature of Incorporator

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

THE foregoing instrument was acknowledged and sworn to before me this 14th day of November, 2002, by Hyun Jung Park of Oriental Health Spa, Inc. Personally known to me or provided as proof

Wael A. Asab
Notary Public

FL D.L.# P620330
53-5820

Wael Abu-Asab

My Commission Expires:



Wael Abu-Asab
Commission # 00902268
Expires Feb. 26, 2004
Bonded Thru
Atlantic Bonding Co., Inc.

CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE

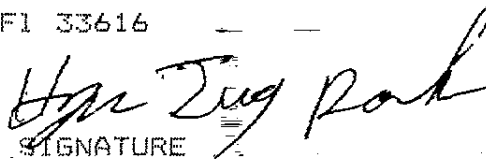
Pursuant to the provisions of Section 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the Registered Office/Registered Agent, in the State of Florida.

1. The name of the corporation is: Oriental Health Spa, Inc.
2. The name and address of the registered agent and office is:

Hyun Jung Park

6415 Lois St # 112

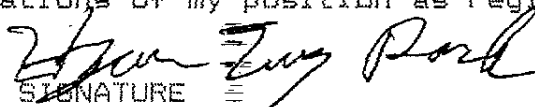
Tampa, Fl 33616


SIGNATURE

11-14-02

ACKNOWLEDGEMENT

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


SIGNATURE

11-14-02

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