

PA3000030086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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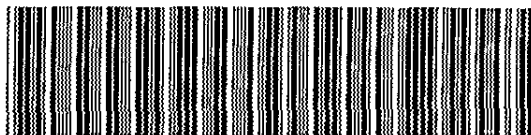
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
03 MAR 12 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: LIFE Style Massage 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:

Socorro Bregman

Name (Printed or typed)

6697 SE Yorktown Dr.

Address

Hobe Sound, FL 33455

City, State & Zip

772-749-1420

Daytime Telephone number

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

**ARTICLES OF INCORPORATION  
OF  
LIFE STYLE MASSAGE INC.**

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03 MAR 12 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FILED**

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

**ARTICLE I: NAME**

The name of the corporation shall be  
  
**LIFE STYLE MASSAGE INC.**

**ARTICLE II: PRINCIPAL OFFICE**

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

**6697 SE YORKTOWN DR  
HOBE SOUND, FL 33455**

**ARTICLE III: SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**Five thousand (5000) common shares at no Par Value**

**ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

**Socorro Bregman  
6697 SE Yorktown Dr.  
Hobe Sound, FL 33455**

**ARTICLE V: INCORPORATOR**

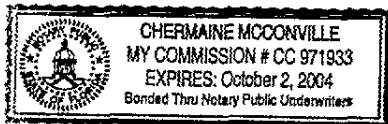
**The name(s) and street address of the incorporator to these Articles of Incorporation are:**

**Socorro Bregman  
6697 SE Yorktown Dr.  
Hobe Sound, FL 33455**

**Harold Bregman  
6697 SE Yorktown Dr  
Hobe Sound, FL 33455**

*Having been named as registered agent and to accept service of process for the above state 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 familiar with and accept the obligations of my position as registered agent.*

  
Socorro Bregman.



*Cherraine McConville 3/3/03.*

**CERTIFICATION OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 607.325, 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.

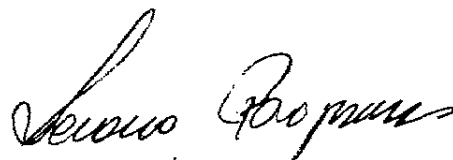
The name of the Corporation: **LIFE STYLE MASSAGE INC.**

The name and address of the registered agent and office is:

**SOCORRO BREGMAN  
6697 SE YORKTOWN DR  
HOBE SOUND, FL 33455**

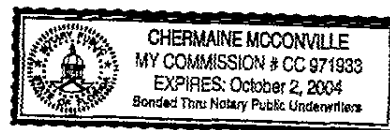
Having been named to accept service of process for the above stated corporation at the place designated in this certificate, I hereby agree to act in the capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of section 607.325, Florida Statutes.

Signature



Date

3/6/03



*Chermaine McConville 3/6/03*

**FILED**  
MAR 12 PM 3:15  
CLERK OF STATE  
TALLAHASSEE FLORIDA