

P0300075623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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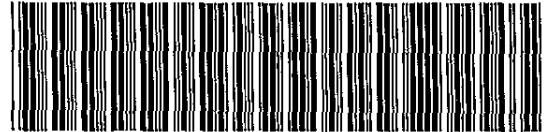
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION

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TALLAHASSEE, FLORIDA  
03 JUL 10 PM 12:46

Charter Number Only

VALIDATION ONLY

7/9/03

Moragues Accounting

Requestor's Name

420 S.E. 7th Ave

Address

Hialeah, FL 33010

City

State

ZIP

Phone

(305) 885-0229A

CORPORATION(S) NAME

DU MONDE MASSAGE GROUP INC

☒ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

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TALLAHASSEE, FLORIDA  
03 JUL 10 PM 12:46

## ARTICLES OF INCORPORATION

OF

DU MONDE MASSAGE GROUP 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:

DU MONDE MASSAGE GROUP INC

### ARTICLE II PRINCIPAL OFFICE

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

619 SE 5th PLACE  
HIALEAH, FL 33010

### ARTICLE III CAPITAL STOCK

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

500

### ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

MAURICE DU MONDE  
619 SE 5th PLACE  
HIALEAH, FL 33010

**ARTICLE V INCORPORATOR(S)**

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

MAURICE DU MONDE  
619 SE 5th PLACE  
HIALEAH, FL 3310  
PRESIDENT

ERIK A VILA  
619 SE 5th PLACE  
HIALEAH, FL 33010  
VICE PRESIDENT

The undersigned has(have) executed these Articles of Incorporation this

NINETH day of JULY, 19 2003

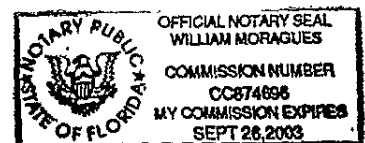
Signature/Title PRESIDENT

Signature/Title  
VICE PRESIDENT

**Signature/Title**

WORKED AND SUBSCRIBED BEFORE ME  
THIS 9<sup>th</sup> DAY OF JULY A.D. 2013

*William Rodriguez*  
NOTARY PUBLIC STATE OF FLORIDA  
COMMISSION EXP: 12/31/2011



**CERTIFICATE 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.

1. The name of the corporation is: DU MONDE MASSAGE GROUP INC

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

619 SE 5th. PLACE

(P.O. BOX NOT ACCEPTABLE)

HIALEAH, FLORIDA 33010

(CITY/STATE/ZIP)

SIGNATURE [Signature]  
(corporate officer)

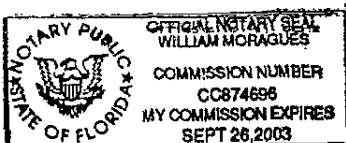
TITLE PRESIDENT

DATE JULY 9 2003

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 THIS 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.

WORN AND SUBSCRIBED BEFORE ME  
THIS 9 DAY OF JULY A.D. 2003

[Signature]  
NOTARY PUBLIC STATE OF FLORIDA  
MY COMMISSION EXPIRES SEPT 26, 2003



SIGNATURE [Signature]

DATE JULY 9 2003

REGISTERED AGENT FILING FEE: \$20.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 JUL 10 PM 12:46