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Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.  
THERAPEUTIC MASSAGE SERVICE, CORP.

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 14, 2003

FAS-T CORP. AGENTS, INC.

SUBJECT: THERAPEUTIC MASSAGE SERVICE, CORP.  
REF: W03000023047

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLES OF INCORPORATION**  
**OF**  
**THERAPEUTIC MASSAGE SERVICE, CORP.**  
**THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF**  
**FORMING A CORPORATION UNDER THE FLORIDA GENERAL**  
**CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING**  
**ARTICLES OF INCORPORATION**

**ARTICLE I NAME**  
**THE NAME OF THE CORPORATION SHALL BE:**  
THERAPEUTIC MASSAGE SERVICE, CORP.

**THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE:**  
3778 WEST 12 AVENUE 2<sup>ND</sup> FLOOR, HIALEAH, FLA. 33012

**ARTICLE II NATURE OF BUSINESS**  
THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFULL ACTIVITIES OR  
BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR  
ANY OTHER STATE, COUNTY, TERRITORY OR NATION.

**ARTICLE III CAPITAL STOCK**  
**THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS**  
**VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE**  
**OUTSTANDING AT ANY ONE TIME IS.**  
1000 SHARES AT \$1.00 EACH

**ARTICLE IV TERM OF EXISTENCE**  
**THIS CORPORATION IS TO EXIST PERPETUALLY**

**ARTICLE V OFFICERS DIRECTORS**  
**THE NAME(S) AND STREET ADDRESS(ES) OF THE INITIAL**  
**OFFICER(S) AND DIRECTOR(S), IF ANY, WHO SHALL HOLD**  
**OFFICE THE FIRST YEAR OF THE CORPORATION'S EXISTENCE**  
**OR UNTIL THEIR SUCCESOR(S) IS (ARE) ELECTED, IS (ARE)**

EMMA MUNOZ (PRES/SEC/TREA)  
631 BURLINGTON STREET  
OPALOCKA, FLA. 33054


**ARTICLES VI INCORPORATOR(S)**

**THE NAME(S) AND STREET ADDRESS(ES) OF THE  
INCORPORATOR(S) TO THIS ARTICLES OF INCORPORATION IS  
(ARE):**

**EMMA MUNOZ  
631 BURLINGTON STREET  
OPALOCKA, FLA. 33055**

**IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR(S)  
HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION  
THIS: 12 DAY OF AUGUST OF THE YEAR 2003**

**SIGNATURE(S) OF INCORPORATOR(S)**

  
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TALLAHASSEE FLORIDA

**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  
THE NAME OF THE CORPORATION:**

**THE NAME AND ADDRESS OF THE REGISTERED AGENT AND  
OFFICE IS:**

**EMMA MUNOZ  
631 BURLINGTON STREET  
OPALOCKA, FLA. 33055  
(CITY/STATE/ZIP)**

**SIGNATURE:** 

**TITLE PRESIDENT**

**DATE: AUGUST 12., 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 SECTIONS OF SECTION  
607.325, FLORIDA STATUTES.**

**SIGNATURE:** 

**DATE AUGUST 12., 2003**