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# TRANSMITTAL LETTER

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

SUBJECT:BC	SERVICES, INC.				
<del></del>	(PROPOSED CORPORAT)	E NAME – <u>MUST INCL</u>	UDE SUFFLX)		
Enclosed are an original	inal and one (1) copy of the artic	les of incorporation and	I a check for:		
	ſ				
<b>☑</b> \$70.00	□ \$78.75	<b>□</b> \$78.75	\$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
	& Certificate of Status	& Certified Copy	Certified Copy		
			& Certificate of		
			Status		
	ł	ADDITIONAL CO	PY REQUIRED		
	•				
FROM:	BRIGETTE CHAPIEWSKI				
T 2	Name (Printed or typed)				
	615 N.E. 2ND AVENUE				
. "	Address				
	FT LAUDERDALE, FL 33304				
	City, State & Zip				
	954-523-9458		ng		
,	Daytime Tel	ephone number	<del></del>		

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



RECEIVED 03 SEP 15 AHII: 57

FLORIDA DEPARTMENT OF STATE Chair II CO STATE Glenda E. Hood Secretary of State TALLAHASSEE. FLORIDA

September 2, 2003

BRIGETTE CHAPIEWSKI 615 NE 2 AVE FT LAUDERDALE, FL 33304

SUBJECT: B. B. SERVICES, INC. Ref. Number: W03000024919

We have received your document for B. B. SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

# Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith Document Specialist New Filings Section

Letter Number: 203A00048962

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### ARTICLE I NAME

The name of the corporation shall be:

# B.B. Therapy Services d.

### PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

615 N.E. 2ND AVENUE FORT LAUDERDALE FL 33304

### ARTICLE III *PURPOSE*

The purpose for which the corporation is organized is: TO PROVIDE MASSAGE THERAPY SERVICES

### ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES OF COMMON STOCK

# ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

BRIGETTE CHAPIEWSKI, PRESIDENT & CEO. 615 N.E. 2ND AVENUE FT LAUDERDALE, FL 33304

### ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

**BRIGETTE CHAPIEWSKI** 615 N.E. 2ND AVENUE FT LAUDERDALE, FL 33304

### INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

**BRIGETTE CHAPIEWSKI** 615 N. E. 2ND AVENUE FT LAUDERDALE, FL 33304

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity