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TRANSMITTAL LETTER

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

SUBJECT:	litality Ther	apeutic Ma	assage, In
	(Thor Gold Cold Old	TIP WAINE - MOST INCO	ODE BOUSIN
inclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM:		Williams Jr e (Printed or typed) J. 5 Street Address	. P.A.
-	BocaRe	ton FL 33	3486
-	561-92 Daytime	9-5432 Telephone number	

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

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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:

Vitality Therapeutic Massage, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4836 N. State Road 7 Apt. 305 Conal Springs, FL 33073

The purpose for which the corporation is organized is:

Massage Therapy

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Elaina Boucher Jackson - P, VP, S, T, D 4836 N. State Road 7 Apt 305

Coral Springs, FZ 33073

ARTICLE VI REGISTERED AGENT

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

H. Dohn Williams Jr. P.A. 990 NW 5 Street Boca Raton, FI 33486

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

H. Dohn Williams Jr. P.A. 990 N.W. 5 Street Boca Raton, FL 33486

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

Signature/Registered Agent

H. Dohn Williams J.

Signature/Incorporator

Date

9/23/03

Date