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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

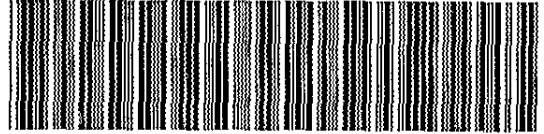
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: Massage Works of Tallahassee, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Dennis Sculley

Name (Printed or typed)

P.O. Box 111

Address

Alford FL 32420

City, State & Zip

850/579-9942

Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

FILED

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ARTICLE I NAME

The name of the corporation shall be:
Massage Works of Tallahassee, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
410 Coldstream Drive, Tallahassee, FL 32312. The corporation shall also have the power and authority to establish branch offices at such place or places both within and without the State of Florida as may be designated by its officers.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To operate massage therapy services and any other services as shall be deemed appropriate.

ARTICLE IV SHARES

The number of shares of stock is:
There shall be a maximum of 1000 shares of common stock issued.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Cora McMullian, President and CEO

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
The initial registered agent is Dennis L. Sculley the street address of said registered agent is 532 Lakepoint Road, Alford Fl. 32420. The mailing address of said registered agent is P.O. Box 111, Alford Fl 32420.

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:
Cora McMullian, 410 Coldstream Drive, Tallahassee FL 32312

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

September 23, 2003

Date


Signature/Incorporator

September 23, 2003

Date