

P04000026476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

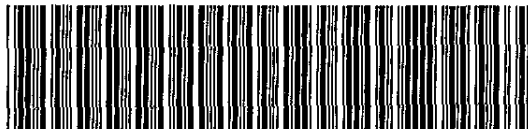
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Dune Allen Massage Therapy, Inc.

Signature _____

Requested by: _____

Name

Date

Time

Walk-In _____

Will Pick Up _____

☒ Art of Inc. File _____

_____ LTD Partnership File _____

_____ Foreign Corp. File _____

_____ L.C. File _____

_____ Fictitious Name File _____

_____ Trade/Service Mark _____

_____ Merger File _____

_____ Art. of Amend. File _____

_____ RA Resignation _____

_____ Dissolution / Withdrawal _____

_____ Annual Report / Reinstatement _____

☒ Cert. Copy _____

_____ Photo Copy _____

_____ Certificate of Good Standing _____

_____ Certificate of Status _____

_____ Certificate of Fictitious Name _____

_____ Corp Record Search _____

_____ Officer Search _____

_____ Fictitious Search _____

_____ Fictitious Owner Search _____

_____ Vehicle Search _____

_____ Driving Record _____

_____ UCC 1 or 3 File _____

_____ UCC 11 Search _____

_____ UCC 11 Retrieval _____

_____ Courier _____

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
DUNE ALLEN MASSAGE THERAPY, INC.

FILED
04 FEB -9 PM 5:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I

NAME AND BUSINESS ADDRESS OF CORPORATION

The name and business address of the corporation:

DUNE ALLEN MASSAGE THERAPY, INC.
399 Allen Loop Road
Santa Rosa Beach, FL 32459

ARTICLE II

CORPORATE NATURE

The purpose is to conduct and engage in any activities or business permitted under the laws of the United States and Florida.

ARTICLE III

COMMENCEMENT AND DURATION

The Corporation shall endure perpetually, commencing upon the filing of the Articles with the Secretary of State.

ARTICLE IV

CAPITAL/STOCK

This corporation is authorized to issue One Thousand (1,000) shares of common stock at One (\$1.00) Dollar par value for each of said common stock shares.

ARTICLE V

BOARD OF DIRECTORS

The Corporation's initial Board of Directors shall consist of one (1) Director. The number can be either increased or then decreased from time to time by amendment of the By-Laws. The names and addresses of the initial Director are:

**Michael F. Forman
399 Allen Loop Road
Santa Rosa Beach, FL 32459**

ARTICLE VI

NON-RESIDENT DIRECTORS

Directors need not be residents of this state or shareholders unless Articles of Incorporation or Bylaws so require.

ARTICLE VII

MEETINGS BY CONFERENCE TELEPHONE

Members of the Board of Directors may participate in special, regular or annual meetings of the board of directors by means of conference telephone or similar communications equipment as provided by law.

ARTICLE VIII

INDEMNIFICATION

The corporation may be empowered to indemnify any officer or director, or any former officer or director in manner set out and provided for pursuant to the provisions of Section 607.014 of the Florida Statutes, as amended.

ARTICLE IX

REGISTERED AGENT

The Registered Agent of the Corporation and his address shall be:

**Michael F. Forman
399 Allen Loop Road
Santa Rosa Beach, FL 32459**

ARTICLE X

AMENDMENT OF ARTICLES

Amendments to these Articles of Incorporation may be proposed by a resolution adopted by the Board of Directors.

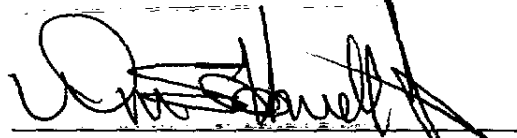
IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 6TH day of FEBRUARY, 2004.


MICHAEL F. FORMAN

STATE OF FLORIDA
COUNTY OF WALTON

I HEREBY CERTIFY that the foregoing Articles of Incorporation were acknowledged before me this 6TH day of FEBRUARY, 2004, by **MICHAEL F. FORMAN**, who X is personally known to me or _____ produced _____ as identification.

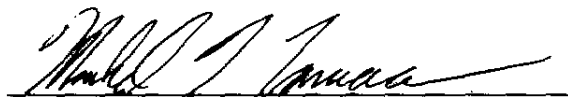
IN WITNESS WHEREOF, I have hereunto set my hand and seal this 6TH day of FEBRUARY, 2004.


Notary Public, State of Florida
My Commission Expires:
My Commission Number:



ACCEPTANCE OF REGISTERED AGENT

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.



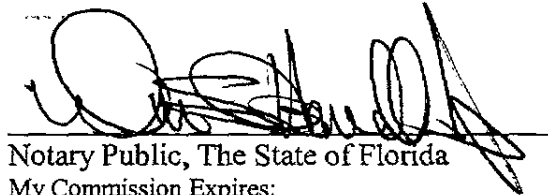
MICHAEL F. FORMAN

Registered Agent

STATE OF FLORIDA
COUNTY OF WALTON

I HEREBY CERTIFY that the foregoing Acceptance of Registered Agent was acknowledged before me this 6TH of FEBRUARY, 2004, by, who is personally known to me.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 6TH day of FEBRUARY, 2004.



Notary Public, The State of Florida

My Commission Expires:

My Commission Number:



William S. Howell, Jr.

Commission #DD223060

Expires: Jun 15, 2007

Bonded Thru
Atlantic Bonding Co., Inc.

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TALLAHASSEE, FLORIDA