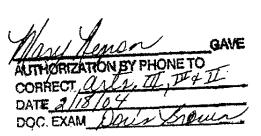
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# TRANSMITTAL LETTER

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

SUBJECT:	F35AGE ON L	OCATION INC	,	
,	(Proposed corpo	rate name - must include suf	fix)	
Enclosed is an original an	d one(1) copy of the articl	es of incorporation and a	check for	
Lilolosod is an original an	a one(1) copy of the title	S of moorporation and a	CHOCK TO!	
\$70.00	\$78.75	□\$122.50	<b>□</b> \$131.25	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
J	& Certificate	& Certified Copy	Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM: MARY J. WEGRON, L.M. T.  Name (runted or typed)				
1560 N.E. 19154. #305				
N. M. B. J. 33/79 City, State & Zip				
(- A)				

ARTICLES OF INCORPORATION

O4 FEB | PM 6: |

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business

The undersigned incorporator(s) the following Articles of Incorporation. Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

MASSAGE ON LOCATION INC.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1560 N.E. 1915T. STREET #305 N.M.B., QL 33179

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time

DNE

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARY I. NEGRON, L.M.T. 1560 N.E. 1915+ #305

N.M.B., &L. 33179

### **INCORPORATOR(S)** ARTICLE V

## See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Mary I. Negron, L.M. T.-P 1560 N.E. 191 St. 77305 N.M.B., J. 33/19

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

(An additional article must be added if an effective date is requested.)

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

1. The name of the corporation is:	MASSAGE ON LOCATION INC.			
2. The name and address of the registered agent and office is:  MARY J. NEGRON, L. M. T.  (NAME)				
<b>(</b>	MIAMI BEACH, JL 33179 (CITY/STATE/ZIP)			

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

obligations of my position as registered agent.

SECRETARY

AND SECRETARY

AND SECRETARY

SECRETARY

(SYGNATURE)

(DATE)

FEB. 1