

P040000 33009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT☐ MAIL

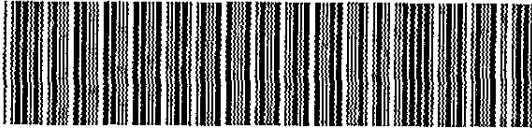
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATION 1000, STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: GulfCoast Holistic massage center Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Jaimee Thompson
Name (Printed or typed)

1231 10th Ct S.W.
Address

Largo FL 33770
City, State & Zip

(727) 686-4199
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)

ARTICLE I NAME

The name of the corporation shall be:

Gulfcoast Holistic Massage Center Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

12651 Walsingham Road, Ste C
Largo, FL 33774

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Perfessional Corp (massage Therapy)

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

President -
Vice President
Secretary
Treasurer

Jaimie Thompson
1231 10th Ct S.W.
Largo FL 33770

ARTICLE VI REGISTERED AGENT

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

Jaimie Thompson
1231 10th Ct S.W.
Largo FL 33770

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jaimie Thompson
1231 10th Ct S.W. - Largo FL 33770

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

Jaimie Thompson
Signature/Registered Agent

2/4/04
Date

Jaimie Thompson
Signature/Incorporator

2/4/04
Date

FILED
04 FEB 16 PM 2:35
TALLAHASSEE, FLORIDA