

**P04000048858**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

4 D. WHITE MAR 18 2004



000030459370

03/15/04--01084--018 \*\*87.95

**FILED**  
2004 MAR 15 P 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Shialsa Oky Spa Incorporated.  
(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:

Pharmaine Phillips.  
Name (Printed or typed)

10010 Reflections Blvd Wt 205.  
Address

Sunrise, Florida 33351  
City, State & Zip

(754) 234-2719.  
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**

2004 MAR 15 P 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

Shiatsu Oxy spa Incorporated

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10010 Reflections blvd w#205  
Sunrise, Florida 33351

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Massage Therapy / Oxygen Therapy Services

### ARTICLE IV SHARES

The number of shares of stock is:

1000 Shares out 1 dollar per share

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Charmaine Phillips (CEO)  
10010 Reflections blvd w#205  
Sunrise, Florida 33351

Monford Phillips (V.P.)  
10010 Reflections blvd w#205  
Sunrise, FL 33351

### ARTICLE VI REGISTERED AGENT

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

Charmaine Phillips  
10010 Reflections blvd w#205  
Sunrise, Florida 33351

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Monford Phillips  
10010 Reflections blvd w#205  
Sunrise, FL 33351

\*\*\*\*\*

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

Phillips  
Signature/Registered Agent

03/11/04  
Date

[Signature]  
Signature/Incorporator

3/11/04  
Date