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04 JUN 10 PM 12:33
STATE OF FLORIDA
TALLAHASSEE

OB 6/11

TRANSMITTAL LETTER

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

SUBJECT: V.I.P. MASSAGE AND BEAUTY, 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
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: Vicky Harris
Name (Printed or typed)

PO. Box 77115
Address

Tampa FL 33675
City, State & Zip

(813) 740-0615
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

V.I.P. MASSAGE AND BEAUTY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 77115
Tampa FL 33675

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Massage and Beauty

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Vicky Harris
P.O. Box 77115
Tampa FL 33675

ARTICLE VI REGISTERED AGENT

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

Vicky Harris
2910 N. Cord St
Tampa FL 33605

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Vicky Harris
P.O. Box 77115
Tampa FL 33675

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

Date



Signature/Incorporator

Date