

PO4000103002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

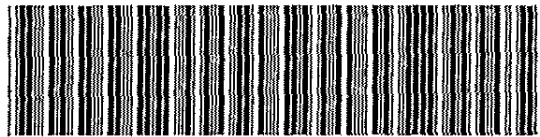
(Document Number)

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## TRANSMITTAL LETTER

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

SUBJECT: Therapeutic Massage & Bodywork, 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

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FROM: Christina N Jackson  
Name (printed or typed)

5014 Calhoun Rd  
Address

Plant City, Fl. 33567  
City, State & Zip

813-737-9721  
Daytime Telephone number

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DIVISION OF CORPORATIONS  
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NOTE: Please provide the original and one copy of the articles.

# ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts) the following Articles of Incorporation.*

## ARTICLE I NAME

The name of the corporation shall be:

Under My Thumb, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

110 W Reynolds St  
Suite 217  
Plant city, FL 33563

## ARTICLE III SHARES

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

100

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Christina N Jackson  
5014 Calhoun Rd  
Plant City, FL 33567

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**ARTICLE V INCORPORATOR(S).**

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

Christina N Jackson 100%  
5014 Calhoun Rd  
Plant City, FL 33567

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

05 day of July, 2004

*Christina N. Jackson*

Signature

Signature

Signature

**Articles of Incorporation**

**Filing Fee - \$35**

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: Under My Thumb, Inc.

2. The name and address of the registered agent and office is:

Christina N. Jackson  
(Name)

5014 Calhoun Road  
(P.O. Box not acceptable)

Plant City, FL 33567  
(City/State/Zip)

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*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, 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.*

Christina N. Jackson  
(Signature)

July 5, 2004  
(Date)