# P04000107131

(Re	questor's Name)			
(Address)				
(Ad	idress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
		<u> </u>		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				



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Office Use Only

## TRANSMITTAL LETTER

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

SUBJECT: Rain's	Therapeutic Massage Inc		
	(PROPOSED CORPORA	TENAME – MUSTINGE	UDERUURIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00	<b>☑</b> \$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	
CDOM, LO	rraine Tabraham-Tapias		
rkom: <u></u>	Name	(Printed or typed)	
	4108 Holloway Road	Address	
		Address	
	Plant City, FI 33567 City	, State & Zip	
	813-841-7767	Folombono	
	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

ARTICLE I NAME

The name of the corporation shall be:

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SEU: [ALL r STATE. FLORIDA

Rain's Therapeutic Massage Inc

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4108 Holloway Rd, Plant City, Ft 33567

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any activity or business permitted under the laws of the United States and the State of Florida

#### ARTICLE IV SHARES

The number of shares of stock is: 1,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Lorraine Tabraham-Tapias, President, 4108 Holloway Rd, Plant City, Fl 33567

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Lorraine Tabraham-Tapias, 4108 Holloway Rd, Plant City, Fl 33567

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Lorraine Tabraham-Tapias, 4108 Holloway Rd, Plant City, Fl 33567

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

Signature/Incorporator

7/14/04

114/10

Date