

| (Requestor's Name) | | | | |
|-----------------------------------------|--|--|--|--|
| | | | | |
| (Address) | | | | |
| (Addless) | | | | |
| | | | | |
| (Address) | | | | |
| | | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
| | | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| (Document Number) | | | | |
| | | | | |
| Certified Copies Certificates of Status | | | | |
| | | | | |
| | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| · | | | | |
| | | | | |
| | | | | |

Office Use Only



800039724058

NR/13/04--01020--008 ***87.50

DIAISION PROPERTY OF THE CONTRACT OF THE CONTR

Op d/1-

TRANSMITTAL LETTER

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

| SUBJECT: | IKSK Inc. | • | |
|-------------------------|--------------------------------------------|---------------------------------------|-------------------------------------------------------------|
| | (PROPOSED CORP | ORATE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| | | | |
| Enclosed are an orig | inal and one (1) copy of th | e articles of incorporation an | d 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 o |
| | | ADDITIONAL CO | Status |
| FROM: | Michelle R | Rossi | |
| | | hmore Drive | |
| | | Florida 34 City, State & Zip | |
| | ^ | ₩ 709-7510 | |

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) | DIVISIONE TARY OF STA |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| ARTICLE I NAME | 04 AUG 13 Bu |
| The name of the corporation shall be: MRSR Inc. | · · · · · · · · · · · · · · · · · · · |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1066 RUS homore Drive Holiday, Florida 34690 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Massage and Colon Therapy | |
| ARTICLE IV SHARES The number of shares of stock is: | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): | |
| | |
| michelle R. Rossi | |
| Title: P.S.T.D 1066 Rush more Drive Holiday Florida 34690 ARTICLE VI REGISTERED AGENT | |
| The name and Florida street address (P.O. Box NOT acceptable) of the registered | agent is: |
| Michelle R. Rossi 1066 Rushmore Drive Itoliday, Florida 34690 | |
| ARTICLE VII INCORPORATOR | |
| The <u>name and address</u> of the Incorporator is: | |
| Michelle R. Rossi 1066 Rushmore Drive Itoliday, Florida 34690 | ******* |
| Having been named as registered agent to accept service of process for the above stated corporation certificate, I am familiar with and accept the appointment as registered agent and agree to act in this | on at the place designated in this |
| Michelle Rossi Signature/Registered Agent Michelle R. Rossi | ingust 10,2004 |
| Signature/Registered Agent | bate 10,2004 |
| michelle R. Rossi | august 10,2004 |

Signature/Incorporator