

**P04000159856**

**Florida Department of State  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850) 205-0381

**From:**

Account Name : INCORPORATETIME.COM, INC.  
Account Number : I19990000221  
Phone : (631) 218-1510  
Fax Number : (631) 589-2848

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04 NOV 24 AM 8:00  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.**

**Medical Massage Services PA**

Certificate of Status	<b>0</b>
Certified Copy	<b>0</b>
Page Count	<b>03</b>
Estimated Charge	<b>\$70.00</b>

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**Is**  
11.29

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**ARTICLES OF INCORPORATION**

***THE UNDERSIGNED INCORPORATION 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:

Medical Massage Services PA

**ARTICLE II -PRINCIPAL OFFICE**

The principal place of business & mailing address of this corporation shall be

13146 Cabin Court  
Hudson, FL 34667

**ARTICLE III -PURPOSE**

The Purpose for which the corporation is organized is:  
Massage Therapy

**ARTICLE IV -SHARES**

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

2,000 shares at \$.01 par value

**ARTICLE V -INITIAL OFFICERS/DIRECTORS:**

**President/Director/Vice President/Treasurer/ Secretary:**

Kathleen Higgins, 13146 Cabin Court, Hudson, FL 34667

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ARTICLE VI - INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address of the initial registered agent are:

Kathleen Higgins, 13146 Cabin Court, Hudson, FL 34667

ARTICLE VII - INCORPORATOR:

The name and address of the Incorporator to these Articles of Incorporation are:

Kathleen Higgins, 13146 Cabin Court, Hudson, FL 34667

  
Kathleen Higgins, Incorporator

11/24/04  
Date

Having been named registered agent and to accept service of process for the above stated corporation as the place designated in this certificate I hereby accept the appointment as registered agent and agree to act in this capacity. I 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.

  
Kathleen Higgins, Registered Agent

11/24/04  
Date

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TALLAHASSEE, FLORIDA

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