

PO4000169968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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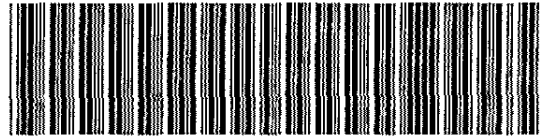
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
04 DEC 20 AM 8:54

511 12/21

## TRANSMITTAL LETTER

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

**SUBJECT:** Cocoa Therapy, 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:** Ann Gacek

Name (Printed or typed)

1469 Fawn Hallow Ln.

Address

Woodbridge, Va 22191

City, State & Zip

540-295-0504

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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**ARTICLE I NAME**

The name of the corporation shall be:

Cocoa Therapy, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1231 W. King St.  
Cococ, Fl 32907

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Licensed Massage Therapy

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Ann Gacek-President  
Ann Gacek-Vice President  
Ann Gacek- Secretary

**ARTICLE VI REGISTERED AGENT**

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

~~Ann Gacek-1469 Fawn Hollow Ln., Woodbridge, Va 22191~~ *Charlene Taylor*  
1107 Swan St  
Melbourne Fl 32935

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Ann Gacek-1469 Fawn Hollow Ln., Woodbridge, Va 22191

\*\*\*\*\*

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

*Charlene Taylor*  
\_\_\_\_\_  
Signature/Registered Agent

*06/24/04*  
\_\_\_\_\_  
Date

*Ann Gacek*  
\_\_\_\_\_  
Signature/Incorporator

*24/06/04*  
\_\_\_\_\_  
Date