

PO 50000 3 3452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

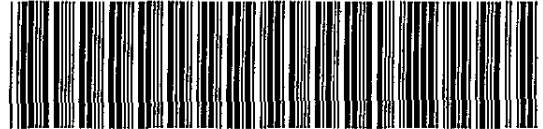
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

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

SUBJECT: Massage 2 U, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

(2)  
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: Phyllis A. Ferreira  
Name (Printed or typed)

10148 Heckscher Drive  
Address

Jacksonville, FL. 32226  
City, State & Zip

904/813-9007  
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**

**ARTICLE I: NAME**

The name of the corporation shall be: MASSAGE 2 U, Incorporated

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

P.O. Box 8903

Jacksonville, Florida 32239-8903

(Note: Business is mobile)

**ARTICLE III: PURPOSE**

The purpose for which the corporation is organized is: to provide massage therapy services.

**ARTICLE IV: SHARES**

The number of shares of stock is: 100

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

Phyllis A. Ferreira, President/Secretary/Treasurer

Angela A. Whitson, Vice President

**ARTICLE VI: REGISTERED AGENT**

The name and address of the registered agent is:

Phyllis A. Ferreira

10148 Heckscher Drive

Jacksonville, FL 32226

**ARTICLE VIII: INCORPORATOR**

The name and address of the incorporator is:

Phyllis A. Ferreira

10148 Heckscher Drive

Jacksonville, FL 32226

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.

Phyllis A. Ferreira

Signature/Registered Agent

2/17/05

Date

Phyllis A. Ferreira

Signature/Incorporator

2/17/05

Date