

POS000036596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

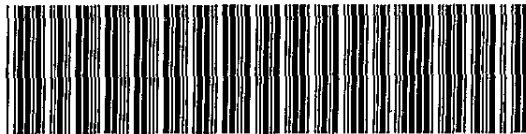
(Business Entity Name)

(Document Number)

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05 MAR -2 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3/10/05  
Bnk

## TRANSMITTAL LETTER

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

SUBJECT: FIRST Class Tampa Bay Spa 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: Charlene Taylor  
Name (Printed or typed)

1107 Swan ST  
Address

Tampa FL 33 Melbourne FL 32935  
City, State & Zip

321 591 1654  
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**

05 MAR -2 PM 1:50

**ARTICLE I NAME**

The name of the corporation shall be:

*First Class Tampa Bay Spa INC*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*6102 Adamo DR Tampa FL unit #W-1  
33619*

*mailling ADDRESS  
1107 SWAN ST  
MELBOURNE FL  
32935*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*Liscenced 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):

*President - Charlene E Taylor*

**ARTICLE VI REGISTERED AGENT**

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

*Charlene Taylor 1107 SWAN ST  
MELBOURNE FL 32935*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Charlene Taylor 1107 SWAN ST  
MELBOURNE FL 32935*

\*\*\*\*\*

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

\_\_\_\_\_  
Date

*Charlene E Taylor*  
\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date