

PO5000045945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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05 MAR 28 PM 4:23

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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05 MAR 28 PM 4:32

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

✓  
2/2/05

## TRANSMITTAL LETTER

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

SUBJECT: Body Wisdom of Tallahassee 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: Cora McMullan  
Name (Printed or typed)

820-C East Park Ave.  
Address

Tallahassee, FL 32301  
City, State & Zip

850-510-4114  
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 28 PM 4:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Body Wisdom of Tallahassee, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

820-C East Park Ave.  
Tallahassee, FL 32301

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

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):

Cora R. McMullian  
410 Coldstream Dr.  
Tallahassee, FL 32312

**ARTICLE VI REGISTERED AGENT**

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

Cora R. McMullian  
410 Coldstream Dr.  
Tallahassee, FL 32312

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Cora R. McMullian  
410 Coldstream Dr.  
Tallahassee, FL 32312

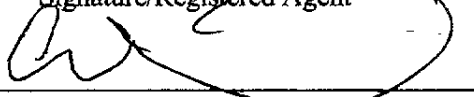
\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

3/28/05

Date



Signature/Incorporator

3/28/05

Date