

POS000051085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

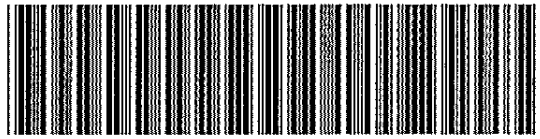
(Business Entity Name)

(Document Number)

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05 APR -6 PM 12:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/6/05 BWC  
WDS-14638

TRANSMITTAL LETTER

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

SUBJECT: H.S.P. MASSAGE - N - META  
(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: THOMAS ROBERT RING  
Name (Printed or typed)

2733 AMBERGATE RD.  
Address

WINTER PARK, FL 32792  
City, State & Zip

407-375-7152  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

RECEIVED

05 APR -6 AM 8:18

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

March 22, 2005

THOMAS ROBERT RING  
2733 AMBERGATE RD  
WINTERPARK, FL 32792

SUBJECT: H.S.P. MESSAGE-N-ME INC  
Ref. Number: W05000014638

We have received your document for H.S.P. MESSAGE-N-ME INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6840.

Bruce W Kitchens  
Document Specialist  
New Filings Section

Letter Number: 405A00019435

**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: H. S. P. MASSAGE-N-ME INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

2733 AMBERGATE RD, WINTERPARK, FL 32792

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO FUNCTION AS A MASSAGE THERAPIST. IN THE STATE OF FLORIDA.

**ARTICLE IV SHARES**

The number of shares of stock is: 50  
~~1000~~

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

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

THOMAS ROBERT RING PRESIDENT  
2733 AMBERGATE RD  
WINTERPARK, FL 32792

FILED  
05 APR -6 PM 12:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

THOMAS ROBERT RING  
2733 AMBERGATE RD  
WINTERPARK, FL 32792

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

THOMAS ROBERT RING  
2733 AMBERGATE RD, WINTERPARK, FL 32792

\*\*\*\*\*  
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

Thomas Robert Ring

Signature/Registered Agent

3-11-05

Date

Thomas Robert Ring

Signature/Incorporator

3-11-05

Date