

PO5000064538

(Requestor's Name)

S.O.S. SECRETARIAL SERVICE
360 Wilshire Blvd., Suite 105
Casselberry, Florida 32707

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

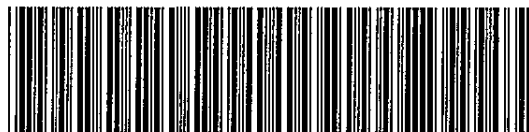
(Document Number)

Certified Copies _____ Certificates of Status _____

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2005 APR 20 AM 8:19
TALLAHASSEE FLORIDA

5/4/05

²⁶
April 18, 2005

FILED
2005 APR 20 AM 8:19
TALLAHASSEE FLORIDA

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

Re: "I KNEADED THAT MASSAGE" Professional Massage Therapy, Inc.

Gentlemen:

I enclose for filing an original and duplicate copy of Articles of Incorporation of the above corporation, together with my check to cover filing fees.

Your cooperation and early response would be appreciated.

Very truly yours,

Lorraine C. Kaster
Lorraine C. Kaster, CLA

PS. The name cited will be the COMPLETE corporate name utilized.

Return to:

S.O.S. Secretarial Service, Inc.
360 Wilshire Blvd. Ste. 105
Casselberry, Florida 32707
(407) 339-0015

Enclosures: Articles and
Check for Filing

4/26/05
*Articles corrected
to show street
address & resubmitted
SL*



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

FILED
2005 APR 20 AM 8:19
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

April 25, 2005

S.O.S. SECRETARIAL SERVICE
360 WILSHIRE BOULEVARD
SUITE 105
CASSELBERRY, FL 32707

SUBJECT: I KNEADED THAT MASSAGE PROFESSIONAL MASSAGE
THERAPY, INC.
Ref. Number: W05000020838

We have received your document for I KNEADED THAT MASSAGE PROFESSIONAL MASSAGE THERAPY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

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) 245-6973.

Claretha Golden
Document Specialist
New Filings Section

Letter Number: 505A00028262

EFFECTIVE DATE

4/17/05

**ARTICLES OF INCORPORATION
of**

**"I KNEADED THAT MASSAGE"
Professional Massage Therapy, Inc.**

Filed
2005 APR 20 AM 8:19
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

ARTICLE I - Name

The name of the corporation shall be: **"I KNEADED THAT MASSAGE"**
Professional Massage Therapy, Inc.

ARTICLE II - Duration

This corporation shall exist in perpetuity commencing on the date of execution and acknowledgment of these Articles.

ARTICLE III - Purpose

This corporation is organized for the purpose of transacting any and all lawful business, including, but not limited to the following: Corporate Wellness, Outcall Service, and Chair Massage and related services.

ARTICLE IV - Capital Stock

This corporation is authorized to issue One Thousand (1,000) shares of Ten Cents (.10) par value common stock which shall be designated "Common Shares."

ARTICLE V - Preemptive Rights

Each shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class, or series as that she/he already holds, shall have the right to purchase her/his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI - Initial Registered Office and Agent

The street address of the initial registered office of this corporation is: 1921 So. Kirkman Road, Apt. #215, Orlando, Florida 32811 (P.O. Box 683525, Orlando, Florida 32868) and the name of the initial registered agent of this corporation is **DARYL A. GAMBLE**, whose signature at the end hereof, accepts such designation.

ARTICLE VII - Initial Board of Directors

This corporation shall have two (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-laws but shall never be less than one (1) director. The name and home address of the initial director of this corporation is **DARYL A. GAMBLE** who by his signature at the end here of, accepts such designation.

ARTICLE VIII - Principal Place of Business

The initial place of business of this corporation shall be: 1921 So. Kirkman Road, Apt. #215, Orlando, Florida 32811 and the corporation having a mailing address of: P.O. Box 683525, Orlando, Florida, 32868 with the privilege of having branch offices within or without the State of Florida.

ARTICLE IX - Incorporation

The name and address of the person signing these Articles is:

DARYL A. GAMBLE
1921 South Kirkman Road, Apt. #215
Orlando, Florida 32811

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation
the 17th day of April, 2005



DARYL A. GAMBLE

STATE OF FLORIDA)

COUNTY OF SEMINOLE) ss.

On April 26th, 2005 before me, Lorraine C. Kaster, a Notary Public of Florida appeared **DARYL A. GAMBLE** personally known to be (or provided to me on the basis of satisfactory evidence) to be the person who executed the foregoing Articles of Incorporation as her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

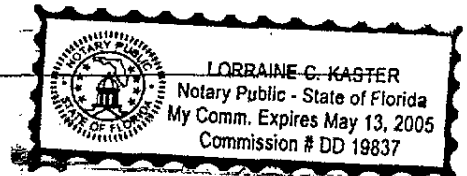
Affiant ☒ known ☐ Produced ID

Signature: _____

Lorraine C. Kaster

Lorraine C. Kaster

Type of ID _____



CERTIFICATE OF ACCEPTANCE OF REGISTERED AGENT

DARYL A. GAMBLE, with address of 1921 South Kirkman Road, Apt. #215, Orlando, Florida 32811 having been named as Registered Agent to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity and are to comply with the provisions of Chapter 48.091, Florida Statutes. Dated this 26th day of April, 2005.

Daryl A. Gamble

DARYL A. GAMBLE, (Registered Agent)

STATE OF FLORIDA)

COUNTY OF SEMINOLE) ss.

On April 26, 2005 before me, Lorraine C. Kaster, a Notary Public of Florida, appeared **DARYL A. GAMBLE**, personally known to be (or provided to me on the basis of satisfactory evidence) to be the person who executed the foregoing Articles of Incorporation as her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

Signature: Lorraine C. Kaster

Lorraine C. Kaster

Affiant ☒ known ☐ Produced ID

Type of ID _____

