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Fax Number	: (850)205-0381	
From		
Account Name	: YOUR CAPITAL CONNECTION, INC	2.
Account Number	: : I2000000257	
Phone	: (850)224-8870	
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FLORIDA PROFIT CORPORATION OR P.A.

Emerald Coast School of Massage and Health Care Serv

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ARTICLES OF INCORPORATION

OF

Emerald Coast School of Massage and Health Care Services,

Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation is Emerald Coast School of Massage and Health Care Services, Inc.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business is and mailing address of the corporation is **351** Mary Esther Blvd., Suite 7, Mary Esther, FL 32569.

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of (\$1.00) per share.

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ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Bobby L. Whitney Jr., 150 Eglin Parkway NE, Fort Walton Beach, FL 32548.

ARTICLE V: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

ARTICLE VI: OFFICERS AND DIRECTORS

The name and address of the initial Board of directors is President/ Secretary: Robert "Doc" Savage, 351 Mary Esther Blvd., Suite 7, Mary Esther, FL 32569.

ARTICLE VII: INDEMNIFICATION

The Corporation shall indemnify and may insure its officers and directors to the fullest extent permitted by law currently in effect or hereinafter enacted.

:

The undersigned has executed these Articles of Incorporation this 27th day of May 2005. Your Capital Connection, Inc., by Stacey Piland, Client Representative

Stacey Piland

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CAPITAL CONNECTION

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CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: Emerald Coast

2. The name and street address of the registered agent and office is:

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HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

