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(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: SHARON WALLENBERG, LICENSED MASSAGE
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
THERAPIST, INC.

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: SHARON WALLENBERG
Name (Printed or typed)

623 NORTH M STREET
Address

LAKE WORTH, FLORIDA 33460
City, State & Zip

561-533-6161
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 16, 2006

SHARON WALLENBERG
623 N. M ST.
LAKE WORTH, FL 33460

SUBJECT: SHARON WALLENBERG, LICENSED MASSAGE THERAPIST, INC.
Ref. Number: W06000012901

We have received your document for SHARON WALLENBERG, LICENSED MASSAGE THERAPIST, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 245-6995.

Wanda Cunningham
Document Specialist
New Filing Section

Letter Number: 006A00018167

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:

SHARON WALLENBERG, LICENSED MASSAGE THERAPIST, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

623 NORTH M STREET, LAKE WORTH, FLORIDA 33460

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

IT IS REQUIRED TO WORK AT HIPPOCRATES HEALTH INST.

ARTICLE IV SHARES

The number of shares of stock is:

ONE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SHARON WALLENBERG

ARTICLE VI REGISTERED AGENT

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

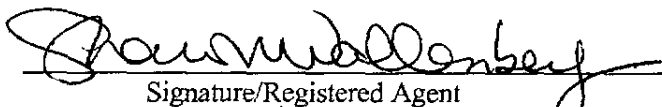
SHARON WALLENBERG
623 NORTH M STREET, LAKE WORTH, FL 33460

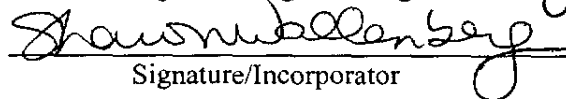
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SHARON WALLENBERG, LMT
623 NORTH M STREET
LAKE WORTH, FLORIDA 33460

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


Signature/Incorporator

3/20/06
Date

3/13/06
Date

FILED
2006 APR -3 A 1:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA