

PO6000064463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/27/06 --01052--004 **76.75

FILED
2006 MAY -8 AM 8:31
TALLAHASSEE, FLORIDA

1906 19057

T. Hampton MAY - 9 2006

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

SUBJECT: Relaxed Touch Massage Therapy 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: Peter Leedy
Name (Printed or typed)

347 Flagler Blvd
Address

Lake Park, FL 33403
City, State & Zip

407-744-6604
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2006

PETER LEEDY
347 FLAGLER BLVD
LAKE PARK, FL 33403

SUBJECT: RELAXED TOUCH MASSAGE THERAPY INC.
Ref. Number: W06000019982

We have received your document for RELAXED TOUCH MASSAGE THERAPY 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 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.)

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) 245-6855.

Tammy Hampton
Document Specialist
New Filing Section

Letter Number: 606A00029778

RECEIVED
06 MAY -8 PM 12:51

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:

Relaxed Touch Massage Therapy Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

347 Flagler Blvd
Lake Park, FL 33403

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide massage therapy to private Clients

ARTICLE IV SHARES

The number of shares of stock is:

one share Value is \$ 0.01

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Peter Leedy LMT / Director / Treasurer / Secretary
347 Flagler Blvd
Lake Park FL 33403

ARTICLE VI REGISTERED AGENT

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

Peter Leedy
347 Flagler Blvd
Lake Park, FL 33403

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Peter Leedy
347 Flagler Blvd
Lake Park, FL 33403

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

Peter Leedy

Peter Leedy
Signature/Registered Agent

Peter Leedy

Peter Leedy
Signature/Incorporator

Peter Leedy

5-4-06

Date

5-4-06

Date

FILED
2006 MAY -8 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA