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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. WHITE SEP - 5 2006

TRANSMITTAL LETTER

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

September 1, 2006

SUBJECT: HANDS THAT CARE THERAPEUTIC MASSAGE, INC.

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check in the amount of \$78.75.

FROM: Smitty Smith & Associates, Inc.
Ms. Smitty Smith
3802 Ehrlich Road, Suite 210
Tampa, Florida 33624

SLS/lac

Enclosure

ARTICLES OF INCORPORATION

OF

HANDS THAT CARE THERAPEUTIC MASSAGE, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

HANDS THAT CARE THERAPEUTIC MASSAGE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**10200 N. ARMENIA AVE, #1503
TAMPA, FL 33612**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MASSAGE THERAPY

ARTICLE IV CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 Shares

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

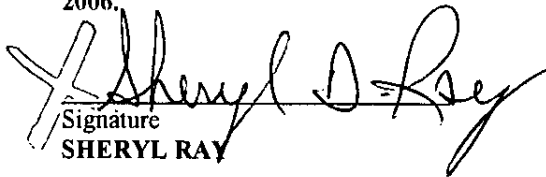
**SHERYL RAY
10200 N. ARMENIA AVE, #1503
TAMPA, FL 33612**

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

SHERYL RAY
10200 N. ARMENIA AVE, #1503
TAMPA, FL 33612

The undersigned has (have) executed these Articles of Incorporation this **1ST** day of **SEPTEMBER**,
2006.


Signature
SHERYL RAY

ARTICLE VII EFFECTIVE DATE

The date that this corporation is to be effective is the **FIRST** day of **SEPTEMBER, 2006.**

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

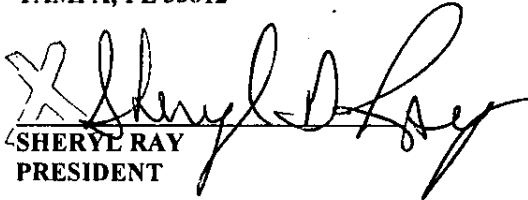
Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the Corporation is:

HANDS THAT CARE THERAPEUTIC MASSAGE, INC.

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

**SHERYL RAY
10200 N. ARMENIA AVE, #1503
TAMPA, FL 33612**


**SHERYL RAY
PRESIDENT**

Date: 09-01-06

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATE CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THE 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.

Signature

Date: 09-01-06

REGISTERED AGENT FILING FEE: \$35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**