

PD6000124063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

C. H. Green GAVE

AUTHORIZATION BY PHONE TO

CORRECT

DATE

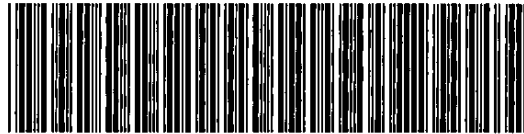
DOC. EXAM

Articles II & VI

9/27/06

MRD

Office Use Only



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06 SEP 27 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
9/27

COVER LETTER

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

SUBJECT: A Massage Therapist Associates, 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: C. A. Green
Name (Printed or typed)

→ PO Box 940546
Address

→ Maitland, FL 32794
City, State & Zip

(407) 497-1450
Daytime Telephone number

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

06 SEP 27 PM 4:29

ARTICLE I NAME

The name of the corporation shall be:

A Massage Therapist & Associates, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

→ P.O. Box 940546
Maitland, FL 32794
650 Boniview Lane
Altamonte Springs, FL 32714

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

→ Any All Lawful Business

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

C.A. GREEN
→ P.O. Box 940546
→ Maitland, FL 32794

ARTICLE VI REGISTERED AGENT

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

C.A. GREEN - P
→ 650 Boniview Lane
→ Altamonte Springs, FL 32714

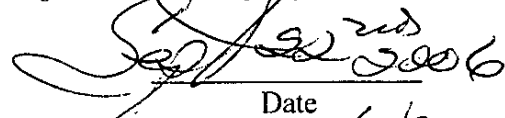
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

C.A. GREEN
→ P.O. Box 940546
→ Maitland, FL 32794

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/Incorporator


Date

Signature/Incorporator

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA