

PO# 000155703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

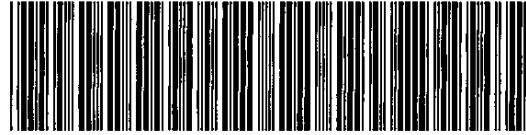
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

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COVER LETTER

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

SUBJECT: Drilo Bodywork, 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: Andrea Montalvao
Drilo Bodywork, Inc.
Name (Printed or typed)

320 NE 12th Ave Apt 406
Address

Hallandale, FL 33009
City, State & Zip

(954) 253-4230
Daytime Telephone number

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

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:

Drito Body Work, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

*320 NE 12th Ave Apt 406
Hullandale, FL 33009*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Massage Therapy Services

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*Andrea Montalva, Pres & Director
320 NE 12th Ave Sec - TRS.
Apt 406
Hullandale, FL 33009*

ARTICLE VI REGISTERED AGENT

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

*Andrea Montalva
320 NE 12th Ave Apt 406
Hullandale, FL 33009*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Andrea Montalva
320 NE 12th Ave Apt 406
Hullandale, FL 33009*

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]

Signature/Registered Agent
[Signature]

Signature/Incorporator

12/19/06

Date
12/19/06

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA