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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. HEALING THERAPY MASSAGE, INC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

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**NEW FILINGS**

☒ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

**AMENDMENTS**

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

Examiner's Initials

## ARTICLES OF INCORPORATION

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

### ARTICLE I

#### NAME

The name of the corporation shall be:

**HEALING THERAPY MASSAGE, INC**

### ARTICLE II

#### PRINCIPAL OFFICE

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

**12691 SW 191 ST  
MIAMI, FL 33177**

### ARTICLE III

#### SHARES

The number of shares, which the corporation is authorized to issue and have outstanding at any time, is 1000 shares of common stock, and which common stock shall have a par of \$1.00 (one dollar) per share. All stock is to be issued fully paid and exempt from assessment.

### ARTICLE IV

#### INITIAL REGISTERED AGENT AND STREET ADDRESS

In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in compliance with said:

First That **HEALING THERAPY MASSAGE, INC** Desiring to organize under the laws of the State Florida with its principal office as indicated in the articles of incorporation at City of MIAMI County of MIAMI-DADE State of Florida had name **ELIO A. SALA** of, **12691 SW 191 ST MIAMI, FL 33177** of its agent to accept service of process within this state. Having been named to accept service of process for the above state corporation, at place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

By: \_\_\_\_\_

**ELIO A. SALA**  
Registered Agent

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TALLAHASSEE, FLORIDA

**ARTICLE V**

**INCORPORATOR (S)**

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

ELIO A. SALA

100% SHARES

12691 SW 191 ST  
MIAMI, FL 33177

**ARTICLE VI**

**DIRECTOR (S)**

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

ELIO A. SALA

P/T/S/D

12691 SW 191 ST  
MIAMI, FL 33177

The undersigned incorporate(s) has (have) executed these Articles of Incorporation this 05<sup>TH</sup>  
Day of March 2007.

SIGNATURE  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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