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SECRETARY OF STATE

COVER LETTER

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

SUBJECT: ()CEON HVC	inue Massage inc.
(PROPOSED CORPO	PRATE NAME - MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the	articles of incorporation and a check for:
S70.00 S78.75 Filing Fee Filing Fee & Certificate of Status	☐ \$78.75 ☐ \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Deborah Rosa	ame (Printed or typed)
100 Via Lugaro Circle # 208	
Boynton Be	ach FL 33436 City, State & Zip
561-35 Daytin	50-4029 ne 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:

Ocean avenue Massage, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

100 Via Lugano Cir., #1208 Boyrton Beach, FL 33436

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

therapeutic massage therapy scrvices

ARTICLE IV SHARES

The number of shares of stock is:

(X)0

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Deborah Rosen, UMT & owner 100 Via Lugano Cir. #208 Boynton Beach, FL 33436

REGISTERED AGENT

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

Debonan Rosen 100 Via Lugano Circle #208 Debnah Ruser Boynton Beach, FL 33436

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Deboran Rosen Circle # 208 Boynton Beach, FL 33436

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/Incorporator