

P07000032838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

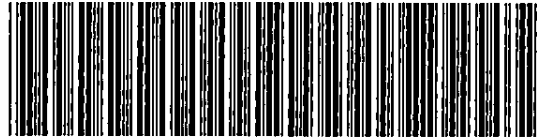
☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



900092245119

03/14/07--01017--002 **70.00

Special Instructions to Filing Officer:

Narelga Graebert
AUTHORIZATION BY PHONE TO **GAVE**
CORRECT *Article II*
DATE *3/14/07*
DOC. EXAM *MRD*

Office Use Only

MRP
3/15

FILED
07 MAR 14 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: ULTIMATE MASSAGE & SPA 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: MARILYN GRAEBERT
Name (Printed or typed)

P.O. Box 125
Address

LAKE ALFRED, FL 33850
City, State & Zip

(863) 291-6999
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:

ULTIMATE MASSAGE & SPA INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. BOX 125 1732 First Street S
LAKE ALFRED, FL 33850 Winter Haven, FL
33880

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage massage, facial, nails, & tanning.
spa treatments

ARTICLE IV SHARES

The number of shares of stock is: 500 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARILYN GRAEBERT - PRESIDENT
P.O. BOX 125
LAKE ALFRED, FL 33850

ARTICLE VI REGISTERED AGENT

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

MARILYN GRAEBERT
515 SELLARS DRIVE
LAKE ALFRED, FL 33850

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARILYN GRAEBERT
515 SELLARS DRIVE
LAKE ALFRED, FL 33850

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

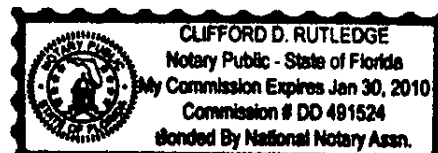
Signature/Registered Agent

Signature/Incorporator

Date

Date

STATE OF FLORIDA
COUNTY OF POLK
BEFORE ME THIS 12TH OF MARCH 2007



FILED

07 MAR 14 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA