

P07000056460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

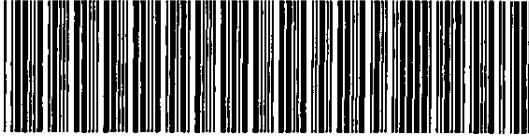
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAY 11 PM 4:39

J. 5/11/07

COVER LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAY 11 PM 4:39

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

SUBJECT: Massage Mechanics 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: Beth Frumkin

Name (Printed or typed)

1000 SW 12 Street #B207

Address

Fort Lauderdale, Florida 33315

City, State & Zip

954-767-6398

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAY 11 PM 4:39

April 11, 2007

BETH FRUMKIN
1000 SW 12 STREET #B207
FORT LAUDERDALE, FL 33315

SUBJECT: MASSAGE MECHANICS INC.
Ref. Number: W07000017761

We have received your document for MASSAGE MECHANICS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Document Specialist
New Filing Section

Letter Number: 207A00024404

ARTICLES OF INCORPORATION

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be:

MASTER Massage Mechanics Inc.

07 MAY 11 PM 4:39

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

1000 SW 12 Street, #B207 Fort Lauderdale, Florida 33315

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide health related services and supplies

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):

Beth Frumkin 1000 SW 12 Street #B207 Fort Lauderdale, Florida 33315

ARTICLE VI REGISTERED AGENT

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

Steven Wayne Spencer 5920 NE 21 Road Fort Lauderdale, Florida 33308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Beth Frumkin 1000 SW 12 Street #B207 Fort Lauderdale, Florida 33308

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

4-4-07

Date



Signature/Incorporator

4/4/07

Date