

P07000064850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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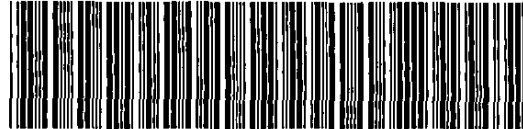
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

07 JUN - 1 PM 4: 33

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Relaxations Health & Wellness 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:

Stephani D. Lipford
Name (Printed or typed)

5652 Maple Forest Dr
Address

Tallahassee, FL 32303
City, State & Zip

850-422-3042
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:

Relaxations Health & Wellness Spa, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2790-2 W Tennessee St.
Tallahassee, FL 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to provide the service of
Guided relaxation Classes

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):

Stephani D. Lyford
5652 Maple Forest Dr.
Tallahassee, FL 32303
President

ARTICLE VI REGISTERED AGENT

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

Stephani D. Lyford
5652 Maple Forest Dr.
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Stephani D Lyford
5652 Maple Forest Dr.
Tallahassee, FL 32303

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

6/1/07

Date

6/1/07

Date

FILED
07 JUN -1 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA