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# **COVER LETTER**

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

SUBJECT: Chira	o Medical Spa Inc				
	(PROPOSED CORPORAT	ΓΕ NAME – <u>MUST INC</u>	LUDE SUFFIX)		
	•				
Enclosed are an orig	ginal and one (1) copy of the artic	eles of incorporation an	d a check for:		
\$70.00	\$78.75	\$78.75	<b>1</b> \$87.50		
	Filing Fee	Filing Fee	Filing Fee		
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	Name (	Printed or typed)		2007 AUG 28 SECRETARY TALLAHASSE	G47 25
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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:

Chiro Medical Spa Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5417 West Atlantic Blvd. Margate Fl. 33063

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To perform spa procedures to include but not limited to IPL procedures, facials, massage therapy anti aging medicine, microdermabrasion,

#### 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):

Pres Clifford Fruithandler 5417 W. Atlantic Blvd Margate Fl. 33063

Co Pres. Jeffrey Feiler 5417 W. Atlantic Blvd Margate Fl. 33063

#### ARTICLE VI REGISTERED AGENT

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

Jeff Feiler

5417 W. Atlantic Blvd Margate Fl. 33063

ARTICLE VII INCORPORATOR

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

Cliff Fruitahndler 5417 W. Atlantic Blvd Margate Fl. 33063

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