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PICK-UP WAIT MAIL

(Business Entity Name)

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2001 SEP 25 P 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

D. WHITE SEP 26 2007

COVER LETTER

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

SUBJECT: MT Healing Arts, 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: Tobi Allen Doering

Name (Printed or typed)

3527 Hendricks Avenue

Address

Jacksonville, Florida 32207

City, State & Zip

904-399-1225

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:

MT Healing Arts, Inc.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

3527 Hendricks Avenue
Jacksonville, Florida 32207

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Wellness Center/Massage Establishment

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):

Marda Lee Holdeman 3527 Hendricks Avenue, Jacksonville, Florida 32207 President
Tobi Allen Doering 3527 Hendricks Avenue, Jacksonville, Florida 32207 Vice President

ARTICLE VI REGISTERED AGENT

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

Tobi Allen Doering
3527 Hendricks Avenue
Jacksonville, Florida 32207

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tobi Allen Doering
3527 Hendricks Avenue
Jacksonville, Florida 32207

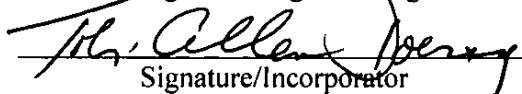
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

September 20, 2007

Date



Signature/Incorporator

September 20, 2007

Date