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(Re	equestor's Name)			
(Address)				
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(Cit	ty/State/Zip/Phone	e #)		
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SECRETARY OF STATE ALLAHASSEE, FLORIDA 08 FEB 27 AM II: 3



COVER LETTER

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

SUBJECT: Thera	apeutic Massage & Reik	ki, Inc.		
	(PROPOSED CORPORAT	E NAME – <u>MUST INCLI</u>	JDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	a check for:	
□ \$70.00	☑ \$78.75	□ \$78.75	\$87.50	
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy	
	& Certificate of Status	ac certified copy	& Certificate of	
		ADDITIONAL CO	Status PY REQUIRED	
		ADDITIONAL CO	TREQUIRED	
гром. D i	ane Miramon			
Name (Printed or typed)				
	1810 Wedge Ct			
1810 Wedge Ct Address				
	Sun City Center, Fl 33	57 5 State & Zip		
	City, .	ome w zip		
	813-363-9394	lanhona numbar		
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:

Therapeutic Massage & Reiki, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1810 Wedge Ct
Sun City Center, FI 3357\$

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide profitable, quality medical services to the public.

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Diane Miramon, President 1810 Wedge Ct Sun City Center, FI 3357

SECRETARY OF STATE

)8FEB 27 AM III: 1

REGISTERED AGENT

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

Diane Miramon 1810 Wedge Ct

Sun City Center, FI 33576

INCORPORATOR ARTICLE VII

The <u>name and address</u> of the Incorporator is: Diane Miramon 1810 Wedge Ct Sun City Center, Fl 33578

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

ature/Registered Agent

Signature/Incorporator