

P08000065514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

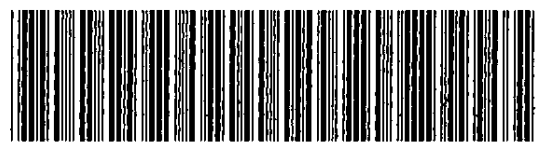
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08 JUL 10 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Massage Deliveries, 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: Lonnie P. Williams

Name (Printed or typed)

3801 Crown Point Road #1213

Address

Jacksonville, FL 32257

City, State & Zip

904-349-0391

Daytime Telephone number

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

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TALLAHASSEE, FLORIDA

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:

Massage Deliveries, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

3801 Crown Point Road # 1213, Jacksonville, FI 32257

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to transact any or all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes, as now exists or may hereafter be amended.

ARTICLE IV SHARES

The number of shares of stock is:

5,000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Lonnie Patrick Williams, President and Chief Executive Officer
3801 Crown Point Road #1213, Jacksonville, FI 32257

ARTICLE VI REGISTERED AGENT

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

Lonnie Patrick Williams
3801 Crown Point Road #1213, Jacksonville, FI 32257

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lonnie Patrick Williams
3801 Crown Point Road #1213, Jacksonville, FI 32257

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

Lonnie P. Williams
Signature/Registered Agent

Lonnie P. Williams
Signature/Incorporator

7-7-08
Date
7-7-08
Date