P08000070545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

500133456605

07/25/08--01040--003 **87.50

FILED
2008 JUL 25 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JUL 28 2008

COVER LETTER

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

SUBJECT: Beachside Massage Therapy 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: Calvin O. Roberts, Jr.
Name (Printed or typed)

255 Miracle Strip Pkwy B-5 #216
Address

Ft. Walton Beach Fl 32548
City, State & Zip

850 621-4255
Daytime Telephone number

FILED
2008 JUL 25 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Beachside Massage Therapy, Inc.

ARTICLE II PRINCIPAL OFFICE

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

220 Santa Rosa St. SW # 286
Ft. Walton Beach, Fl 32548

Mailing Address:
Beachside Massage Therapy, Inc.
255 Miracle Strip Pkwy B-5 # 216
Ft. Walton Beach, Fl 32548

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Beachside Massage Therapy, Inc. is a for profit, portable massage therapy business providing Theraputic massages by Licensed professionals at such locations as, but not limited to outdoor festivals, conventions, corporate events, hotel and condo pool decks and beaches where vending privilages are granted.

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Calvin O. Roberts, Jr. President
255 Miracle Strip Pkwy B-5 # 216
Ft. Walton Beach, Fl 32548

FILED
2008 JUL 25 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Calvin O. Roberts, Jr.
330 Bluefish #229
Ft. Walton Beach, Fl 32548

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Calvin O. Roberts, Jr.
330 Bluefish # 229
Ft. Walton Beach, Fl 32548

****

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 — Date: 7-24-08

Signature/Incorporator — Date: 7-24-08