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SUBMITTING OFFICE  
TALLAHASSEE, FLORIDA

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W0900001754



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 27, 2009

KATHY CHIDSEY  
5300 BOSQUE LANE, #34  
WEST PALM BEACH, FL 33415

RECEIVED MAY 28 2009

SUBJECT: KATHY L. CHIDSEY, LMT  
Ref. Number: W09000017754

We have received your document for KATHY L. CHIDSEY, LMT and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6062.

Eula Peterson  
Regulatory Specialist II  
New Filing Section

Letter Number: 509A00012766



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 16, 2009

KATHY CHIDSEY  
5300 BOSQUE LANE, #34  
WEST PALM BEACH, FL 33415

SUBJECT: KATHY L. CHIDSEY, LMT  
Ref. Number: W09000017754

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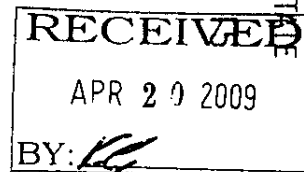
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Eula Peterson  
Regulatory Specialist II  
New Filing Section

Letter Number: 509A00012766

RECEIVED  
DEPARTMENT OF STATE  
09 APR 24 AM 11:00



## COVER LETTER

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

**SUBJECT:** KATHY L. CHIDSEY, LMT, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** KATHY CHIDSEY

Name (Printed or typed)

5300 BOSQUE LANE, #34

Address

WEST PALM BEACH, FL 33415

City, State & Zip

561-688-5776

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:

KATHY L. CHIDSEY, LMT, ~~INC.~~

## ARTICLE II PRINCIPAL OFFICE

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

5300 Bosque Lane, #34  
West Palm Beach, FL 33415

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MASSAGE THERAPY

## 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):

KATHY L. CHIDSEY - PRESIDENT

5300 Bosque Lane #34  
West Palm Beach FL  
33415

## ARTICLE VI REGISTERED AGENT

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

KATHY L. CHIDSEY  
5300 BOSQUE LANE, #34  
WEST PALM BEACH, FL 33415

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

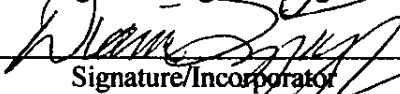
DIANNA TAYLOR  
5311 COURTNEY CIRCLE  
BOYNTON BEACH, FL 33472

\*\*\*\*\*

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

  
Signature/Incorporator

  
Date

09 MAY 20 PM 2:09  
STATE  
TALLAHASSEE, FLORIDA