

P10000017973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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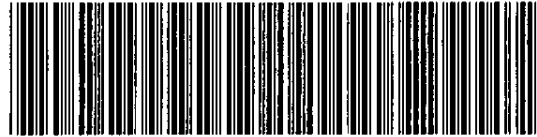
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2010 FEB 26 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch MAK

12/20/09

COVER LETTER

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

SUBJECT: DIANA UNIQUE MASSAGE, 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: DIANA UNIQUE MASSAGE, INC
Name (Printed or typed)

3000 S.W. 3RD AVE., APT. 1014
Address

MIAMI, FL 33129
City, State & Zip

1-786-2016034
Daytime Telephone number

N/A
E-mail address: (to be used for future annual report notification)

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:

DIANA UNIQUE MASSAGE, INC

ARTICLE II PRINCIPAL OFFICE

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

3000 S.W. 3rd AVE., APT. 1014
MIAMI, FL 33129

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):

DIANA ACEVEDO, (OWNER and CEO)
3000 S.W. 3rd AVE., APT 1014
MIAMI, FL 33129

ARTICLE VI REGISTERED AGENT

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

DIANA ACEVEDO
3000 S.W. 3rd AVE., APT 1014
MIAMI, FL 33129

ARTICLE VII INCORPORATOR

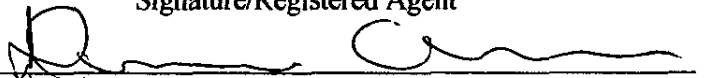
The name and address of the Incorporator is:

DIANA ACEVEDO
3000 S.W. 3rd AVE., APT 1014
MIAMI, FL 33129

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



Signature/Incorporator

11/25/09

Date

11/25/09

Date

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA