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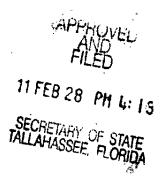
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# **COVER LETTER**

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

SUBJECT:	T:		
	(PROPOSED CORPORA	TE NAME - <u>MUST INCL</u>	<u>UDE SUFFIX</u> )
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l 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 PY REQUIRED
FROM:		MARTINEZ	
	6601 LARIMER DR Address		
		FL 33615 State & Zip	
	813-539 Daytime T	-7929 elephone number	
	E-mail address: (to be use	d for future annual report	notification)

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



## ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

## ARTICLE I - NAME

The name of the corporation shall be:

**ACTIVE MEDICAL MASSAGE, INC.** 

## ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

6601 LARIMER DR TAMPA, FL 33615

# ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 NO PAR VALUE

# <u>ARTICLES IV – INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and address of the initial registered agent is:

IVETTE MARTINEZ 6601 LARIMER DR TAMPA, FL 33615

# ARTICLE V - INCORPORATORS(S)

The name(s) and street address (es) of the incorporator(s) to these Articles of Incorporation is (are)

IVETTE MARTINEZ – PRESIDENT 6601 LARIMER DR TAMPA, FL 33615

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 1<sup>ST</sup> day of February, 2011

Signature

ARTICLE VI - DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

IVETTE MARTINEZ – PRESIDENT 6601 LARIMER DR TAMPA, FL 33615

#### <u>CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE</u>

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent

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Registered Agent