

P11000057796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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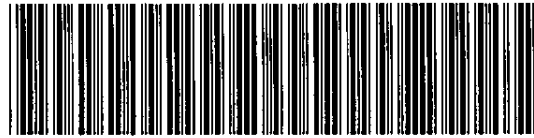
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 JUN -8 AM 10:47

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

2011 JUN -8 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JUN 09 2011

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. A AND S NATURAL MESSAGE
(Corporation Name) (Document #)
2. Corp
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2.00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☒ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

281 JUN -8 AM 8:05
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HASSER, FLORIDA

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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: **A AND S NATURAL MASSAGE CORP**

ARTICLE II PRINCIPAL OFFICE

Principal street address
13010 SW 88 TERR. SOUTH
APT B-103
MIAMI, FL 33186

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
THERAPY MASSAGE

ARTICLE IV SHARES

The number of shares of stock is: **100 NO PAR VALUE**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANGELICA PUEN/PRESIDENT
Address: 8401 SW 208 TERR
CUTLER BAY, FL 33189

Name and Title: _____
Address: _____

Name and Title: SHIRLEY M. ESTOR/VICE PRESIDENT
Address: 13010 SW 88 TERR. SOUTH
APT B-103
MIAMI, FL 33186

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: ANGELICA PUEN
Address: 8401 SW 208 TERR
CUTLER BAY, FL 33189

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SHIRLEY M. ESTOR
Address: 13010 SW 88 TERR. SOUTH APT B-103
MIAMI, FL 33186

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

x Angelica Puen
Required Signature/Registered Agent

05/27/2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Shirley M. Estor
Required Signature/Incorporator

05/27/2011
Date

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