

P11000064603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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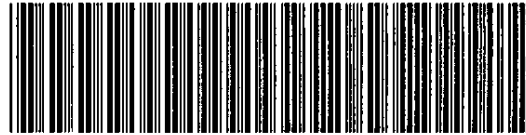
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2011 JUL 18 PM 12:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUL 19 2011

## COVER LETTER

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

SUBJECT: Sanctuary 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: NAZEERA PAUL  
Name (Printed or typed)

264 Hawthorne Groves Blvd Apt. 103  
Address

Orlando FL 32835  
City, State & Zip

407-968-0340 or 407-520-8407  
Daytime Telephone number

DEON-PAUL@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

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

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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: Sanctuary Massage Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address

Apt. 103  
264 Hawthorne Groves Blvd  
Orlando, FL 32835

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To perform therapeutic massages.

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NAZEERA PAUL - DIRECTOR Name and Title: \_\_\_\_\_  
Address: 264 Hawthorne Groves Apt 103 Address: \_\_\_\_\_  
Orlando FL 32835

Name and Title: DEON PAUL - OFFICER Name and Title: \_\_\_\_\_  
Address: 264 Hawthorne Groves Blvd Address: \_\_\_\_\_  
Apt. 103  
Orlando, FL 32835

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

## ARTICLE VI REGISTERED AGENT

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

Name: Deon Paul  
Address: 264 Hawthorne Groves Blvd #103  
Orlando FL 32835

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NAZEERA PAUL  
Address: 264 Hawthorne Groves Blvd Apt 103  
Orlando, FL 32835

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SECRETARY OF STATE

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]  
Required Signature/Registered Agent

7/14/2011  
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.

[Signature]  
Required Signature/Incorporator

7/14/2011  
Date