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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*[Handwritten signature]*

W11000079205

## COVER LETTER

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

SUBJECT: **J.PONS-MASSAGE THERAPIST, 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: **JUAN GABRIEL PONS**  
Name (Printed or typed)

**1551 NW 36 ST APT 803**  
Address

**MIAMI, FL 33142**  
City, State & Zip

**786-340-4232**  
Daytime Telephone number

**PONSDARNA@GMAIL.COM**  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

**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: **J.PONS-MASSAGE THERAPIST, INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
**1551 NW 36 ST APT 803**  
**MIAMI, FL 33142**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**ANY AND ALL LAWFUL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **JUAN GABRIEL PONS /PRESIDENT**  
Address: **1551 NW 36 ST APT 803**  
**MIAMI, FL 33142**

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

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

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: **JUAN GABRIEL PONS**  
Address: **1551 NW 36 ST APT 803**  
**MIAMI, FL 33142**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **JUAN GABRIEL PONS**  
Address: **1551 NW 36 ST APT 803**  
**MIAMI, FL 33142**

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent And Incorporator

**08/30/2011**

\_\_\_\_\_  
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.*

\_\_\_\_\_  
Required Signature/Incorporator

\_\_\_\_\_  
Date

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