

**P1100069175**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H11000246041 3)))



H110002460413ABCT

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 OCT 11 AM 9:57

To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
THERAPEUTIC MASSAGE CARE INC.**

Certificate of Status		0
Certified Copy		1
Page Count		03
Estimated Charge		\$78.75

RECEIVED  
11 OCT 11 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

*PS 10/14/11*

11 OCT 11 AM 9:57

H11000246041

## 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:

Therapeutic Massage Care Inc.

### ARTICLE II - PRINCIPAL OFFICE

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

1333 W 49 PL APT # 312  
Hialeah, FL 33012

### ARTICLE III - SHARES

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

100

### ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Liliana Acosta  
1333 W 49 PL APT. 312  
Hialeah, FL 33012

H11000246041

11 OCT 11 AM 9:57

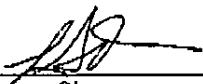
H 1 1 0 0 0 2 4 6 0 4 1

**ARTICLE V - INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation is:

Liliana Acosta  
1333 W 49<sup>th</sup> APT. 312  
Hialeah, FL 33012

The undersigned incorporator has executed these Articles of Incorporation this  
11 day of October 2011.



Signature

**ARTICLE VI- DIRECTOR (S)**

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

Liliana Acosta

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT**

**/REGISTERED OFFICE**

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 Signature

H 1 1 0 0 0 2 4 6 0 4 1