

10/03/2029 05:19

#8771 P.001/007

**P11000100596**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H11000273203 3)))



H11000273203ABCT

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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  
ADVANCED THERAPEUTIC, CORP.**

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

**FILED**  
11 NOV 22 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*MRS 11/23*



November 22, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

LAZARUS

SUBJECT: ADVANCED THERAPEUTIC MASSAGE, INC  
REF: W11000059063

We have received your document for ADVANCED THERAPEUTIC MASSAGE, INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is p99000000010 ADVANCED THERAPEUTICS & MASSAGE, INC.  
Re: Document Number W11000059063

This will acknowledge your reinstatement for ADVANCED THERAPEUTIC MASSAGE, INC, a Florida Corporation, which was filed on November 22, 2011.

Remember, an annual report is due each year between January 1st and May 1st. It is your responsibility to remember to file your annual report in a timely manner.

This document was electronically received and filed under FAX audit number H11000273203.

Should you have any questions regarding this matter, please telephone (850) 245-6929.

Justin M Shivers  
Regulatory Specialist II  
Division of Corporations

Letter Number: 111A00026374

P.O BOX 6327 - Tallahassee, Florida 32314

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#6711 P.003/007



If you have any further questions concerning your document, please call  
(850) 245-6929.

~~FLORIDA DEPARTMENT OF STATE~~  
Division of Corporations

Justin M Shivers  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H11000273203  
Letter Number: 111A00026374

P.O BOX 6327 - Tallahassee, Florida 32314



November 18, 2011

FLORIDA DEPARTMENT OF STATE

Division of Corporations  
LAZARAUS CORPORATE FILING SERVICE, INC.

SUBJECT: ADVANCED THERAPEUTIC, CORP.  
REF: W11000058639

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P05000095537 (ADVANCED THERAPEUTICS, INC.).

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6949.

P.O BOX 6327 - Tallahassee, Florida 32314

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#6711 P.005/007



Thomas Chang  
Regulatory Specialist II  
New Filing Section

FLORIDA DEPARTMENT OF STATE  
Letter Number: 811A00026219  
Division of Corporations

P.O BOX 6327 - Tallahassee, Florida 32314

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ARTICLES OF INCORPORATION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Massage Therapeutic & Forms, Corp.

ARTICLE II - PRINCIPAL OFFICE

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

900 SW 3 ST APT C. Miami FL 33130

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:

Yudenys Ruiz  
900 SW 3 ST. APT. C  
Miami FL 33130

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**ARTICLE V - INCORPORATOR**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

YUDENYS RUIZ  
900 SW. 3 ST. APT. C  
MIAMI FL 33130

The undersigned incorporator has executed these Articles of Incorporation this

17 day of NOVEMBER 20 11.

x Y Ruiz  
Signature

**ARTICLE VI - DIRECTOR (S)**

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

YUDENYS RUIZ (P)

**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.

x Y Ruiz  
Registered Agent Signature

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