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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

for 1/25/12

COVER LETTER

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

SUBJECT: Nerveana Medical Message, 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: Melissa Monaco

Name (Printed or typed)

2122 SE 16th Street

Address

Cape Coral, Florida 33990

City, State & Zip

239-471-4221

Daytime Telephone number

melissamonaco@nerveanatherapy.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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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: Nerveana Medical Message, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address
2122 SE 16th Street
Cape Coral, FL 33990

Mailing address different is: 12 01 23 PM 4: 43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Corporation is formed to complete business as a muscle therapist

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Melissa Monaco
Address: 2122 SE 16th Street
Cape Coral, FL 33990

Name and Title: Pres
Address: 2122 SE 16th Street
Cape Coral, FL 33990

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: Melissa Monaco
Address: 2122 SE 16th Street
Cape Coral, FL 33990

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Melissa Monaco
Address: 2122 SE 16th Street
Cape Coral, FL 33990

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

1-18-2012

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

1-18-2012

Date