

P12000054515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

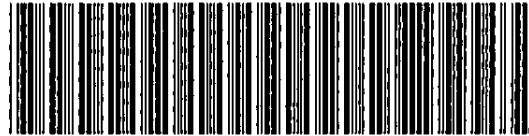
(Business Entity Name)

(Document Number)

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

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06/15/12--01015--007 \*\*70.00

FILED  
12 JUN 15 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch JUN 18 2012

## COVER LETTER

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

SUBJECT: Rain's Therapeutic Massage & Skin Care 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: Rain's Therapeutic Massage & Skin Care Inc  
Name (Printed or typed)

429 Lithia Pinecrest Road  
Address

Brandon, Florida 33511  
City, State & Zip

813-662-9433  
Daytime Telephone number

Info@larrycuppett.com  
E-mail address: (to be used for future annual report notification)

**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: Rain's Therapeutic Massage & Skin Care Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
429 Lithia Pinecrest Road  
Brandon, FL 33511

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To engage in any activity or business permitted under the laws of the United States and the State Of Florida including professional services involving massage & skin care.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000 shares

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

Name and Title: Lorraine Tabraham, President  
Address: 601 Orange Lawn Drive  
Valrico, FL 33594

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: Lorraine Tabraham  
Address: 601 Orange Lawn Drive  
Valrico, FL 33594

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lorraine Tabraham  
Address: 601 Orange Lawn Drive  
Valrico, FL 33594

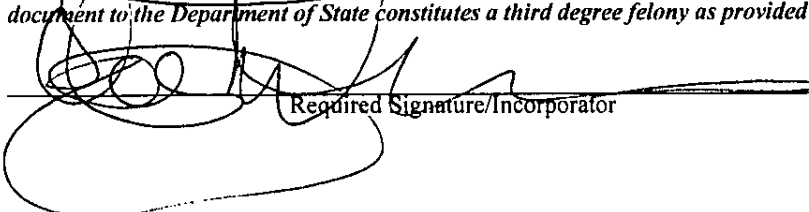
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
Required Signature/Registered Agent

06-11-2012

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

06-11-2012

Date

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399