

P12000066016

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(Document Number)

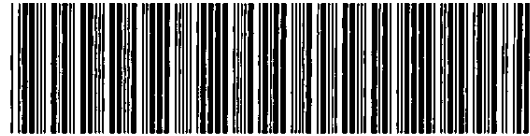
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W12000037526



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07/13/12--01018--001 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUL 27 PM 3:14

7/30/12

**COVER LETTER**

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

**SUBJECT:** Bamboo Massage & Spa 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:** Wendy Chinsee

Name (Printed or typed)

3084 Grandlfora Drive

Address

Greenacres, Florida 33467

City, State & Zip

561-635-7231

Daytime Telephone number

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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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUL 27 PM 3:14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
12 JUL 27 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 16, 2012

WENDY CHINSEE  
4047 OKEECHOBEE BLVD.  
SUITE 105  
WEST PALM BEACH, FL 33409

SUBJECT: BAMBOO MASSAGE & SPA  
Ref. Number: W12000037526

We have received your document for BAMBOO MASSAGE & SPA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please list the city name in its entirety abbreviation is not acceptable.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

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) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 512A00018866

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: **Bamboo Massage & Spa Inc.**

12 JUL 27 PM 3: 14

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
11585 US Highway One  
Suite 212 North Palm Beach, Florida 3408

Mailing address, if different is:  
4047 Okeechobee Blvd, Suite 209  
West Palm Beach, Florida 33409

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Professional Business Model

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Wendy Chinsee President  
Address: 3084 Grandlfora Drive  
Greenacres Florida 33467

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: Wendy Chinsee  
Address: 3084 Grandlfora Drive  
Greenacres Florida 33467

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Wendy Chinsee  
Address: 3084 Grandlfora Drive  
Greenacres Florida 33467

*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

7/21/12  
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

7/21/12  
Date