

P120000098990

(Requestor's Name)

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(Address)

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☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

12/4

W12-56945

## COVER LETTER

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

SUBJECT: XIN SHENTI MASSAGE, 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: J SHEN ACCOUNTING INC

Name (Printed or typed)

136-20 38TH AVENUE STE 101

Address

FLUSHING, NY 11355

City, State & Zip

(718)961-1082

Daytime Telephone number

JASONSHENCPA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



RECEIVED

12 DEC -3 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 13, 2012

J SHEN ACCOUNTING INC  
136-20 38TH AVE SUITE 101  
FLUSHING, NY 11355

SUBJECT: XIN SHENTI MASSAGE, INC.  
Ref. Number: W12000056445

We have received your document for XIN SHENTI MASSAGE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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 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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 212A00027012

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: XIN SHENTI MASSAGE, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
84 NE 5TH AVENUE  
DELRAY BEACH  
FL 33483

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Profit

**ARTICLE IV SHARES**

The number of shares of stock is: 200

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

Name and Title:	CHARLES SAMMARCO, OWNER	Name and Title:	
Address:	84 NE 5TH AVENUE	Address:	
	DELRAY BEACH		
	FL 33483		

Name and Title:		Name and Title:	
Address:		Address:	

Name and Title:		Name and Title:	
Address:		Address:	

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


Name: CHARLES SAMMARCO  
Address: 84 NE 5TH AVENUE  
DELRAY BEACH, FL 33483

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CHARLES SAMMARCO  
Address: 84 NE 5TH AVENUE  
DELRAY BEACH, FL 33483

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

10/29/12  
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

10/29/12  
Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA