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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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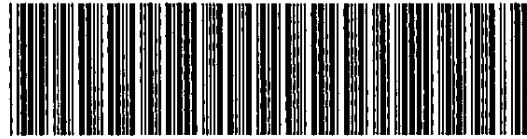
(Business Entity Name)

(Document Number)

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[Handwritten signature]

COVER LETTER

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

SUBJECT: **Key Largo 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **Kristi R Mitchell**

Name (Printed or typed)

1122 Grand St

Address

Key Largo, FL 33037

City, State & Zip

(305) 393-1617

Daytime Telephone number

kristimitchell64@att.net

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: Key Largo Massage, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1122 Grand St

Key Largo, FL 33037

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Massage Therapy Products and Services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kristi R Mitchell - Director

Name and Title: _____

Address 1122 Grand St

Address: _____

Key Largo, FL 33037

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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(conti.)

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: Kristi R Mitchell
Address: 1122 Grand St
Key Largo, FL 33037

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kristi R Mitchell
Address: 1122 Grand St
Key Largo, FL 33037

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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

Kristi R. Mitchell

Required Signature/Registered Agent

1/15/13
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.

Kristi R. Mitchell

Required Signature/Incorporator

1/15/13
Date