

4/5/13

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : ALLSTATE MEDICAL CONSULTING, INC.
Account Number : 120110000067
Phone : (786) 362-0124
Fax Number : (786) 558-4546

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
LIZ MASSAGE CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

13 APR -8 PM12:41

FILED
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: LIZ MESSAGE CORP

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ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

114 HARRISON ST.
COCOA, FL 32922

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>JIMENEZ, LIZ M</u>	Name and Title:	_____
Address	<u>114 HARRISON STREET.</u>	Address:	_____
	<u>COCOA, FL 32922</u>		_____
	_____		_____

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

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

(cont.)

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: JIMENEZ, LIZ M.
Address: 114 HARRISON STREET.
COCOA, FL 32922

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: JIMENEZ, LIZ M.
Address: 114 HARRISON STREET.
COCOA, FL 32922

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

04/05/13
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.


Required Signature/Incorporator

04/05/13
Date

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