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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : BLANCO ACCOUNTING I, INC.
Account Number : I20100000060
Phone : (305) 828-1148
Fax Number : (305) 828-1709

****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
ENERGY MASSAGE THERAPY INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
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TALLAHASSEE, FLORIDA

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PS 12/6/13

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

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ARTICLE I NAME

The name of the corporation shall be:

ENERGY MASSAGE THERAPY INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6866 WEST FLAGLER STREET

MIAMI FL 33144

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: **JESUS BOZA PRESIDENT**

Name and Title: _____

Address **6866 WEST FLAGLER STREET**

Address: _____

MIAMI FL 33144

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

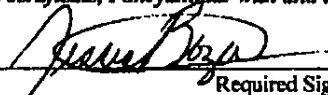
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(cont.)
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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: JESUS BOZAAddress: 6866 WEST FLAGLER STREET
MIAMI FL 33144**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: JESUS BOZAAddress: 6866 WEST FLAGLER STREET
MIAMI FL 33144

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 Agent12/05/2013

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/Incorporator12/05/2013

Date