

P14000034978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

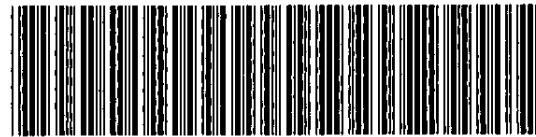
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800258984718

04/17/14--01002--018 **78.75

SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 17 AM 11:39

SL 4-18-14

COVER LETTER

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

SUBJECT: OLIVIA'S THERAPEUTIC 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: Olivia Castillo
Name (Printed or typed)

8101 Biscayne Blvd., #203
Address

Miami FL 33138
City, State & Zip

305.528.2920
Daytime Telephone number

oliviamiami@live.com
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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 17 AM 11:30

ARTICLE I NAME Olivia's Therapeutic Massage, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address

8100 SW 81st Drive, Suite#241
Miami, fl 33143

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To provide quality massage therapy, and any and all lawful business activities permitted in the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: Five hundred (500) shares @ US\$1.00 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
<u>Olivia Castillo (President)</u>	_____
_____	_____
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: Olivia Castillo
Address: 8101 Biscayne Blvd #203
Miami, FL 33138

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Olivia Castillo
Address: 8191 Biscayne Blvd #203 Miami
Miami, Florida 33138

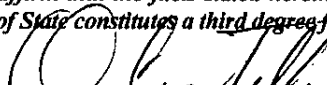
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

4-15-14
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

4-15-14
Date