

P14000054627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

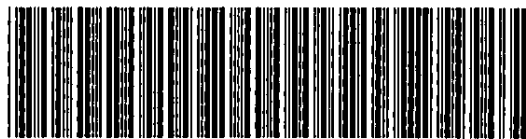
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JUN 23 AM 9:28

\*CWS  
4/24/14

## COVER LETTER

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

SUBJECT: Massage and Pain Management Center, 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: Lygia Maria K. Edghill  
Name (Printed or typed)  
4375 Magnolia Ridge Dr.  
Address  
Weston, FL 33331  
City, State & Zip  
(754) 224-8449  
Daytime Telephone number  
lmedghill@myacc.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: Massage and Pain Management Center, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4375 Magnolia Ridge Dr.

Weston, FL 33331

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: To provide patients with Massage Therapy,  
Microcurrent Point Stimulation (MPS) and Biomagnetic Therapy services.

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**ARTICLE IV    SHARES**

The number of shares of stock is: 1000

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

Name and Title: Lygia Maria K. Edghill / President

Name and Title: Dean A. Edghill / Vice President

Address: 4375 Magnolia Ridge Dr.  
Weston, FL 33331

Address: 4375 Magnolia Ridge Dr  
Weston, FL 33331

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:

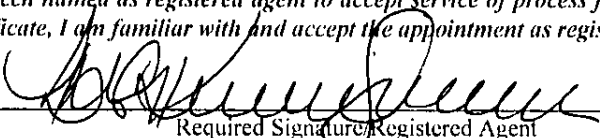
Name: Lygia Maria K. Edghill  
Address: 4375 Magnolia Ridge Dr  
Weston, FL 33331

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lygia Maria K. Edghill  
Address: 4375 Magnolia Ridge Dr  
Weston, FL 33331

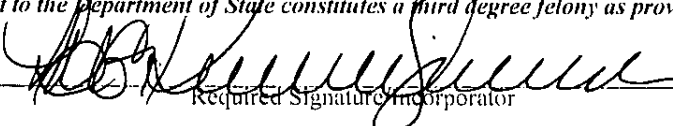
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

06/21/2014

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

06/21/2014

Date