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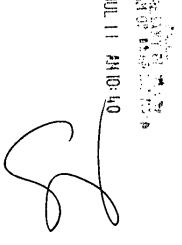
(Requestor's Name)				
(Address)				
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
				

Office Use Only



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07/11/14--01027--022 **78.75



COVER LETTER

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

SUBJECT: Back In Shape Massage Therapy, 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED

FROM:	Jamie L. Konidare
	Name (Printed or typed)
	653 Fairwind Drive
	Address
	North Palm Beach, Florida 33408
	City, State & Zip
	561-844-6777
	Daytime Telephone number
	backinshape@bellsouth.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)

he name of the corpo	ration shall be:	lassage Therapy, Inc.
	EINCIPAL OFFICE Principal street address	Mailing address, if different is 11 10: 4
North Palm	Beach, Florida	
33408		
RTICLE III PU he purpose for which	repose the corporation is organized is: Any ar	d all lawful business.
	······································	
RTICLE IV SE		
RTICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR	
RTICLE V IN Name and Ti		Name and Title:
RTICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR tle: Jamie L. Konidare, President	
RTICLE V IN Name and Ti	TTIAL OFFICERS AND/OR DIRECTOR lle: Jamie L. Konidare, President 653 Fairwind Drive	Name and Title: Address:
Name and Ti	TTIAL OFFICERS AND/OR DIRECTOR Ile: Jamie L. Konidare, President 653 Fairwind Drive North Palm Beach Florida, 33408	Name and Title: Address:
Name and Ti	TTIAL OFFICERS AND/OR DIRECTOR Ile: Jamie L. Konidare, President 653 Fairwind Drive North Palm Beach Florida, 33408	Name and Title: Address: Name and Title:
Name and Ti Address	TTIAL OFFICERS AND/OR DIRECTOR Jamie L. Konidare, President 653 Fairwind Drive North Palm Beach Florida, 33408	Name and Title: Address: Name and Title:
Name and Ti Address	TIAL OFFICERS AND/OR DIRECTOR Ide: Jamie L. Konidare, President 653 Fairwind Drive North Palm Beach Florida, 33408	Name and Title: Address: Name and Title:
Name and Ti Address Name and Tit	TIAL OFFICERS AND/OR DIRECTOR Ide: Jamie L. Konidare, President 653 Fairwind Drive North Palm Beach Florida, 33408	Name and Title: Address: Name and Title:

Name and	Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
i ne <u>name and Fio</u>	rida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Jamie L. Konidare	
Address:	653 Fairwind Drive	
	North Palm Beach, FL 33408	
ARTICLE VII	INCORPORATOR dress of the Incorporator is:	
Name:	Jamie L. Konidare	
Address:	653 Fairwind Drive	
	North Palm Beach, FL 33408	
	ed as registered agent to accept service of process m familiar with and accept the appointment as regi	
	Required Signature/Registered Agent	7.9.2014
)	Date
	ment and affirm that the facts stated herein are t epartment of State constitutes a third degree felony	rue. I am aware that the false information submitted in a
document to the D	Am	7. 9.2014
	Required Signature/Incorporator	Date