

P140000089620

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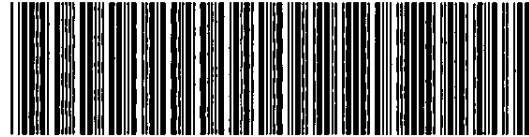
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
HALL ALABAMA

## COVER LETTER

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

**SUBJECT: MASSAGE THERAPY BY JAMES FRITSCHLE, 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: JAMES A FRITSCHLE**  
Name (Printed or typed)  
**1404 WILSON AVENUE**  
Address  
**PENSACOLA, FLORIDA 32507**  
City, State & Zip  
\_\_\_\_\_  
Daytime Telephone number  
**james@,assagebuzz.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)

**ARTICLE I    NAME**

The name of the corporation shall be: MASSAGE THERAPY BY JAMES FRITSCHLE, INC.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1404 WILSON AVENUE  
PENSACOLA, FLORIDA 32507

SAME

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: MASSAGE THERAPY SERVICES

**ARTICLE IV    SHARES**

The number of shares of stock is: 10

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

Name and Title: JAMES A FRITSCHLE, PRES

Name and Title: \_\_\_\_\_

Address: 1404 WILSON AVENUE  
PENSACOLA, FL 32507

Address: \_\_\_\_\_

Name and Title: REBECCA D FRITSCHLE, SEC

Name and Title: \_\_\_\_\_

Address: 1404 WILSON AVENUE  
PENSACOLA, FL 32507

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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CLERK OF SUPERIOR COURT  
PENSACOLA, FLORIDA

(conti.)

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: JAMES A FRITSCHLE

Address: 1404 WILSON AVENUE

PENSACOLA, FL 32507

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

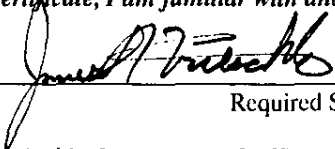
Name: JAMES A FRITSCHLE

Address: 1404 WILSON AVENUE

PENSACOLA, FL 32507

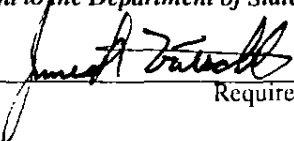
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ALL ADDRESS REQUIRED

*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

10/28/14  
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

10/28/14  
Date