

COVER LETTER

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

SUBJECT: Body-Mind-Spirit 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: Bette Eastman

Name (Printed or typed)

8102 S. County Road 39

Address

Plant City, FL 33567

City, State & Zip

813/892-2469

Daytime Telephone number

Body-Mind-Spirittm@msn.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: Body-Mind-Spirit Therapeutic Massage, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address
c/o Quality Care Massage Clinic
1804 W. Baker St., Ste. F
Plant City, FL 33563

Mailing address, if different is:
Bette Eastman, LMT
8102 S. County Road 39
Plant City, FL 33567

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to incorporate my already existent
"Body-Mind-Spirit Therapeutic Massage" Sole Proprietorship;
to continue to conduct profitable business transactions within Florida
as a Licensed Massage Therapist (Department of Health, MA #70272)
for humans. Also, in the capacity of therapeutic massage therapy---
for profit---for animals, especially horses, dog and cats (no specific
certification required, under Florida Law and Regulations.)

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bette Eastman, President
Address: 8102 S. County Road 39
Plant City, FL 33567

Name and Title: Bette Eastman, Treasurer
Address: 8102 S. County Road 39
Plant City, FL 33567

Name and Title: Bette Eastman, Secretary
Address: 8102 S. County Road 39
Plant City, FL 33567

Name and Title: Bette Eastman, Director
Address: 8102 S. County Road 39
Plant City, FL 33567

Name and Title: _____
Address: _____

Name and Title: _____
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: Bette Eastman
 Address: 8102 S. County Road 39
Plant City, FL 33567

ARTICLE VII INCORPORATOR

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

Name: Bette Eastman
 Address: 8102 S. County Road 39
Plant City, FL 33567

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

Bette Eastman _____ 1-1-15
 Required Signature/Registered Agent 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.

Bette Eastman _____ 1-1-15
 Required Signature/Incorporator Date

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