

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SUPERBIZ.COM, INC.

Account Number : I20070000160 : (800)494-3124 Fax Number : (305)675-2811

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA PROFIT/NON PROFIT CORPORATION CLARITY MASSAGE, INC.

Certificate of Status	. 0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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January 11, 2016

To whom it may concern:

On September 25, 2015 our Limited Liability Company, CLARITY MASSAGE, PLLC - Doc# L14000090651 was administratively dissolved. We have no intention of reinstating the limited liability company.

We are now filing a new for profit corporation and do hereby release the name for use to the new entity.

Thank you,

David Long

Authorized Member

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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:

CLARITY MASSAGE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2515 FRED SMITH ROAD

TALLAHASSEE, FLORIDA 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

100 COMMON SHARES PAR VALUE \$1.00

ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR, PRESIDENT DAVID LONG

2515 FRED SMITH ROAD

TALLAHASSEE, FLORIDA 32303

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

DAVID LONG

2515 FRED SMITH ROAD

TALLAHASSEE, FLORIDA 32303

ARTICLE VII INCORPORATOR

The name and street address of the incorporator is:

DAVID LONG

2515 FRED SMITH ROAD

TALLAHASSEE, FLORIDA 32303

01/08/2016

Date

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.

DAVID LONG /Incorporator

01/08/2016

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.