

# P/6000080038

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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DIVISION OF CORPORATIONS  
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*10/03/16*

Aleph Massage, Inc.  
111 Divine Rd  
Orlando, FL 32818

September 26, 2016

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sirs:

**RE: ALEPH MASSAGE, INC.**

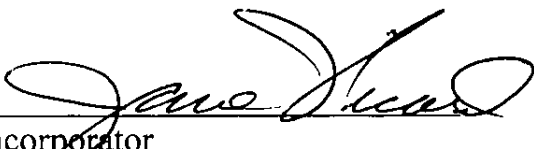
Enclosed are one original and one copy of my Articles of Incorporation for the above proposed Corporation.

Also enclosed is a check in the amount of:

Filing Fee	\$70.00
Certified copy	8.75
Total	\$78.75

Please file the original articles and return the certified copy to me at the above address.

Sincerely,

  
Incorporator  
**Jane Picard**

**ARTICLES OF INCORPORATION  
OF  
ALEPH MESSAGE, INC**

ONE: The name of the Corporation is **ALEPH MESSAGE, INC**

TWO: The duration of the Corporation shall be perpetual.

THREE: The principal address of the Corporation is:

**8630 VALLEY RIDGE CT  
ORLANDO, FL 32818**

FOUR: The mailing address of the Corporation is:

**P.O. BOX 530019  
ORLANDO, FL 32853**

FIVE: The general purpose or purposes for which this Corporation is being formed is/are to operate as a massage therapy service and product provider; consulting and all other lawful business activity for which the Corporation may be incorporated under Chapter 607 of the Florida statutes.

SIX: The aggregate number of shares, which the Corporation shall have authority to issue is: One Thousand (1,000) common shares having a value of \$1.00 per share.

SEVEN: The names and street addresses and the number of shares subscribed to by the subscriber is:

<u>Name</u>	<u>Shares</u>
<b>JANE PICARD</b>	<b>1000</b>
<b>8630 VALLEY RIDGE CT</b>	
<b>ORLANDO, FL 32818</b>	

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EIGHT: The manner in which the Directors are qualified, elected or appointed is as follows: Each year at its Annual General Meeting, the members of the Corporation shall appoint the Board of Directors to serve for the ensuing year as provided for in the bylaws.

NINE: The internal affairs of the Corporation shall be governed by the Bylaws of the Corporation, which shall be adopted at the first meeting of the Board of Directors.

TEN: The number of directors/officers constituting the initial Board of Directors is 1 and the name and address of each person who is to serve as a member thereof is as follows:

President  
**JANE PICARD**  
**8630 VALLEY RIDGE CT**  
**ORLANDO, FL 32818**

ELEVEN: The registered agent and the street address of the initial registered office of the Corporation in the State of Florida is:

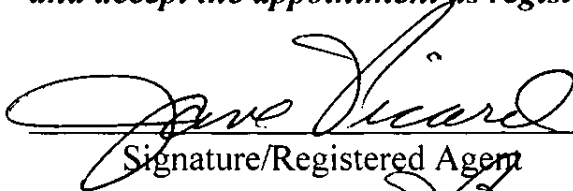
**JANE PICARD**  
**8630 VALLEY RIDGE CT**  
**ORLANDO, FL 32818**

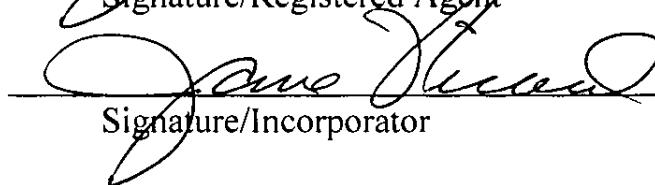
TWELVE: The name and address of the sole Incorporator is:

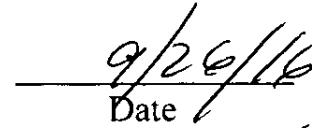
**JANE PICARD**  
**8630 VALLEY RIDGE CT**  
**ORLANDO, FL 32818**

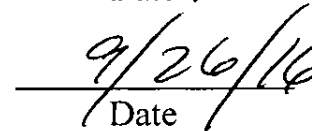
A handwritten signature, likely of Jane Picard, consisting of stylized cursive letters.

*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.*

  
Signature/Registered Agent

  
Signature/Incorporator

  
Date

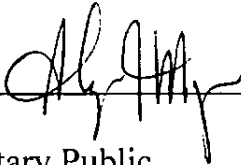
  
Date

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STATE OF FLORIDA  
COUNTY OF SEMINOLE

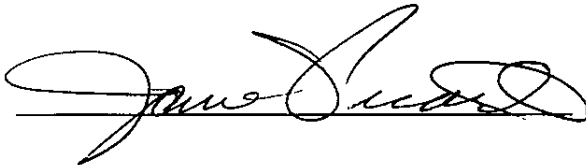
I, **HEREBY CERTIFY** that on this day, before me, a Notary Public authorized in the State and County named above to take acknowledgments, personally appeared to me known to be the person Jane Picard, as the subscriber in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he/she subscribed to those Articles of Incorporation.

**WITNESS** my hand and official seal in the County and State named above this 21<sup>st</sup> day of SEPTEMBER, 2016.



Notary Public

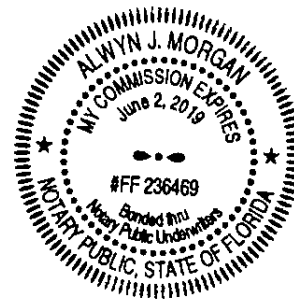
My commission expires: 06/02/2019



Personally Known

Identification FL DRIVERS LICENSE

P 263-440-71-953-0



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