

P18000003045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

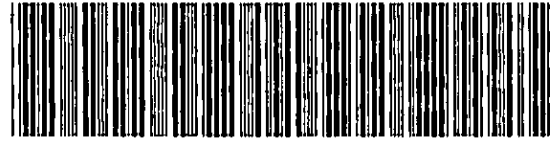
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300307326783

01/08/18--01035--011 **78.75

D O'KEEFE

JAN 10 2018

COVER LETTER

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

SUBJECT: FUNCTIONAL MESSAGE 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: FUNCTIONAL MESSAGE INC.

Name (Printed or typed)

2886 RINGLING BLVD.

Address

SARASOTA FL. 34237

City, State & Zip

9419283472

Daytime Telephone number

JUDITH.BARRINGER@GMAIL.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 FUNCTIONAL MESSAGE INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____

Mailing address, if different is: _____

2886 RINGLING BLVD.

4429 N.LAKE DR.

SARASOTA FL. 34237

SARASOTA FL.34232

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: LICENSED MESSAGE THERAPIST

ARTICLE IV SHARES 1,000,000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUDITH A. BARRINGER PRESIDENT

Name and Title: _____

Address 4429 N. LAKE DR.

Address: _____

SARASOTA FL. 34232

Name and Title: JUDITH A. BARRINGER SECRETARY

Name and Title: _____

Address 4429 N. LAKE DR.

Address: _____

SARASOTA FL. 34232

Name and Title: JUDITH A. BARRINGER TRESURER

Name and Title: _____

Address 4429 N. LAKE DR.

Address: _____

SARASOTA FL. 34232

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: JUDITH A. BARRINGER
Address: 4429 N. LAKE DR.
SARASOTA FL. 34232

ARTICLE VII INCORPORATOR

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

Name: JUDITH A. BARRINGER
Address: 4429 N. LAKE DR.
SARASOTA FL. 34232

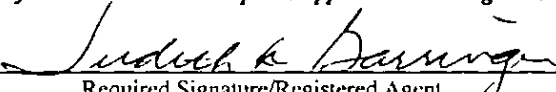
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01042018 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

01-04-2018
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

01-04-2018
Date