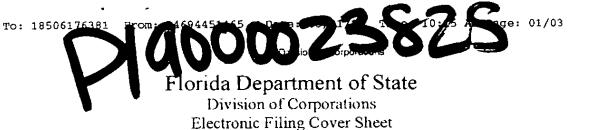
3/21/2019



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

**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 HALCYON: MASSAGES @ HOME INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

Help

To: 18506176381 From: 14694451465 Date: 03/21/19 Time: 10:15 AM Page: 02/03

(((H19000095562 3)))

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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Name a	ind Title:	Name and Title:
Addres		
		
ARTICLE VI	KEGISTERED AGENT	
	Florida street address (P.O. Box NOT accepta MAX K ALEMAN-PRESIDENT	ole) of the registered agent is:
Name:	11432 SW 152 PLACE	
Address:		
	MIAMI FL 33196	
ARTICLE VII	<u>INCORPORATOR</u>	
	address of the Incorporator is:	
Name:	MAX K ALEMAN-PRESIDENT	
	11432 SW 152 PLACE	
Address:	MIAMI FL 33196	
IRTICLE VIII	EFFECTIVE DATE:	
ffective date, i	f other than the date of filing:	(OPTIONAL)
If an effective iling.)	date is listed, the date must be specific and a	annot be more than five days prior or 90 days after the
iote: If the dat	e inserted in this block does not meet the appli	able statutory filing requirements, this date will not be listed as
he document's	effective date on the Department of State's rece	ords.
laving be en na	med as registered agent to accept service of pr	ocess for the above stated corporation at the place designated i
his certificate, I //	am familiar with and accept the appointment	ocess for the above simed corporation at the place designated i as registered agent and agree to act in this capacity
\times 10	MA IN	03/12/19
	Required Signature/Registered Agen	
submit this do locument to the	cument and affirm that the facts stated herein Department of State constitutes a third degree	are true. I am aware that the false information submitted in felony as provided for in s.817.155, F.S.
× /la	1111	03/12/19
Requ	ired Sugnature Incorporator	Date