

**P1900006-1253**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.

((H19000243894 3)))



H190002438943ABC7

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

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

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Love Massage Inc**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

J DENNIS

AUG 16 2019

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 (Profit)

19 AUG 15 6:11:26

**ARTICLE I NAME:** The name of the corporation is:Love. Massage inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

8400 West Flagler St Suite  
254D. Miami FL 33144**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Leidy Delmas Garcia (P)  
Eugenio Alcides Hernandez (VP)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Leidy Delmas Garcia  
8400 West Flagler St Suite  
254D. Miami FL 33144**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Leidy Delmas Garcia  
8400 West Flagler St Suite 254D  
Miami FL 33144

19 AUG 15 11:26

**Required Signatures:**

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

  
\_\_\_\_\_  
Registered Agent08/15/19  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator08/15/19  
\_\_\_\_\_  
Date