

10/18/19

Division of Corporations

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.**

((H19000309825 3)))



H190003098253ABC4

**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 : 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.\*\***

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
HEALING MASSAGE THERAPIES INC.**

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

2019 OCT 18 PM 12:42  
CLERK OF STATE  
TALLAHASSEE FL 32301

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 21 2019

T. SCOTT

(((H19000309825 3)))

***ARTICLES OF INCORPORATION***  
***OF***  
***HEALING MASSAGE THERAPIES INC.***

THE UNDERSIGNED, for the purposes of forming a corporation, under the Florida General Corporation Act, do hereby adopt the following Articles of Incorporation.

**ARTICLE ONE**

The name of the Corporation is:

**HEALING MASSAGE THERAPIES INC.**

**ARTICLE TWO**

The duration of the Corporation is perpetual.

**ARTICLE THREE**

The general purposes for which the Corporation is organized are the following:

- A. To engage and transact any lawful business for which corporations may be incorporated under the Florida General Corporation Act. No other purpose limits this general purpose in any way.
- B. To do such other things as are incidental to the purposes of the Corporation or necessary or desirable in order to accomplish them.

**ARTICLE FOUR**

The aggregate number of shares which the Corporation is authorized to issue is **ONE HUNDRED (100) SHARES** of common stock with NO par value.

Prepared by:  
Gladys Aguero, Esq.  
5080 SW 117 Way  
Cooper City, Florida 33330  
Office: 954-240-4609 Fax: 954-680-2997  
Fl Bar # 0846635

(((H19000309825 3)))

((H19000309825 3))

**ARTICLE FIVE**

The street address of the initial office of the Corporation is:

950 South Pine Island Road, Suite A-150  
Plantation, Florida 33324

The name of the initial Registered Agent is:

Maria F. Parkinson

The address of the Registered Agent is:

9440 W Flagler Street, Apt 310  
Miami, Florida 33174

**ARTICLE SIX**

The number of Directors constituting the initial Board of Directors is one (1). The number of Directors may be increased or decreased from time to time in accordance with the By-Laws, but shall never be less than one (1). The name and address of each initial Director/Officer of the Corporation are as follows:

Maria F. Parkinson  
President/Secretary/Treasurer  
950 South Pine Island Road, Suite A-150  
Plantation, Florida 33324

**ARTICLE SEVEN**

The name and address of the incorporator is as follows:

Maria F. Parkinson  
950 South Pine Island Road, Suite A-150  
Plantation, Florida 33324

**ARTICLE EIGHT**

The Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation or any amendment thereto, and any right conferred upon the shareholders is subject to this reservation.

((H19000309825 3))

((H19000309825 3)))

**ARTICLE NINE**

The Corporation shall indemnify each Officer and Director, including former Officers and Directors, to the full extent permitted by law.

**ARTICLE TEN**

The power to adopt, alter, amend and repeal the By-Laws shall be vested in the Board of Directors, but all alterations, amendments, and repeals must be approved by a majority of the Shareholders.

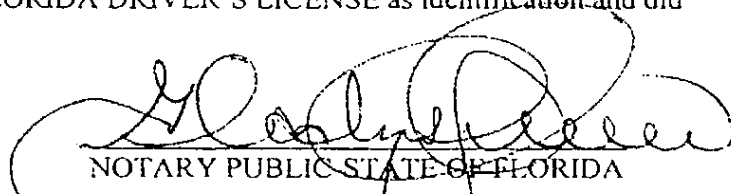
IN WITNESS WHEREOF, the undersigned has signed these Articles of Incorporation on this 18 day of October, 2019.

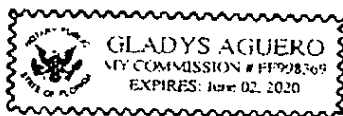
  
Maria F. Parkinson Incorporator

STATE OF FLORIDA       )  
                                      )§  
COUNTY OF BROWARD    )

The foregoing instrument was sworn to and acknowledged before me this 18 day of October, 2019, by **MARIA F. PARKINSON**, who personally appeared before me at the time of notarization, and produced FLORIDA DRIVER'S LICENSE as identification and did take an oath..

My Commission Expires:

  
NOTARY PUBLIC STATE OF FLORIDA



((H19000309825 3)))

**ACCEPTANCE BY DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

I, the undersigned person, having been named as registered agent and to accept service of process for the above-stated corporation at the place designated in the foregoing articles of incorporation, hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

DATED this 18 day of October, 2019.



**MARIA F. PARKINSON**

Registered Agent

9440 W. Flagler Street, Apt 310

Miami, Florida 33174