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FLORIDA PROFIT/NON PROFIT CORPORATION MANOO MASSAGE THERAPY, INC.

Certificate of Status	0
Certified Copy	1
Page Count	0.4
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ARTICLES OF INCORPORATION OF

Manoo Massage Therapy, Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I

The name of the corporation shall be:

Manoo Massage Therapy, Inc.

ARTICLE II

The principal place of business and mailing address of this corporation stiall be:

426 NE 34 Street, Apt 3 Miami, FL 33137

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any time is:

500 shares (five hundred) @ \$ 1.00 (one dollar)

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS

Camila A. Ortiz Parra, President 426 NE 34 Street, Apt 3 Mjami, FL 33137

ARTICLE V INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Camila A. Ortiz Parra 426 NE 34 Street, Apt 3 Miami, FL 33137 7020 SEP -9 PH 1:1.9

ARTICLE VI INCORPORATOR (S)

The name(s) and street address(es) of the incorporator to these Articles of Incorporation is (are):

Camila A Ortiz Parra, President 426 NE 34 Street, Apt 3 Miami, FL 33137

The undersigned has (have) executed these Articles of Incorporation this 5th day of September 2020.

Signature/ Title

President

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607, Florida Statue, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the corporation is: Manoo Massage Therapy, Inc.
- 2. The name and address of the registered agent and office is:

Camila A. Ortiz Parra 426 NE 34 Street, Apt 3 Miami, FL 33137

Signature

Title president

Date 09 05 2020

HAVING BEEN NAMED 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.