

P95000030380

ARTICLES OF INCORPORATION

OF

COMPLETE MASSAGE THERAPY OF SOUTHWEST
FLORIDA, INC.

EFFECTIVE DATE

3-15-95

Patricia Haryn
16520 S. Tamiami Trail-18-182
Ft. Myers Fl. 33908

200001428722

-03/14/95--01059--006

*****70.00 *****70.00

FILED
95 MAR 14 AM 9:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

789, 2285, 615, 706, 671 W93 5729
625 - 615



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 15, 1995

PATRICIA HARYN
16520 S TAMiami TRAIL 18-182
FT MYERS, FL 33908

SUBJECT: COMPLETE MASSAGE THERAPY OF SOUTHWEST FL. INC.
Ref. Number: W95000005729

We have received your document for COMPLETE MASSAGE THERAPY OF SOUTHWEST FL. INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6904.

Freida Chesser
Corporate Specialist

Letter Number: 595A00011496



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 5, 1995

PATRICIA HARYN
16520 S TAMiami TRAIL 18-182
FT MYERS, FL 33908

813-437-0122

or
888-4010 - leave a message

SUBJECT: COMPLETE MESSAGE THERAPY OF SOUTHWEST FL. INC.
Ref. Number: W95000005729

*also return
yourself.*

We have received your document for COMPLETE MESSAGE THERAPY OF SOUTHWEST FL. INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date can be no more than 90 days after the date of filing.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6919.

Beth Register
Corporate Specialist Supervisor

Letter Number: 295A00015403

EFFECTIVE DATE
3-15-95

ARTICLES OF INCORPORATION
OF

FILED
95 MAR 14 AM 9:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COMPLETE MASSAGE THERAPY OF SOUTHWEST FL. INC.

In compliance with the requirements of Florida Statutes Chapter 607, the undersigned, being a natural person, does hereby act as an incorporator in adopting and filing the following Articles of Incorporation for the purpose of organizing a business corporation.

ARTICLE I

The name of the corporation ("Corporation") is COMPLETE MASSAGE THERAPY OF SOUTHWEST FL. INC.

ARTICLE II

The existence of the Corporation shall begin on March 15, 1995

ARTICLE III

The address of the principal office of the Corporation is 16520 South Tamiami Trail 18-182, Fort Myers, Fl. 33908

ARTICLE IV

The maximum number of shares this Corporation is authorized to issue is 1000, all of which shall be common shares at \$1 par value. All Common Shares shall be identical with each other in every respect and the holders thereof shall be entitled to one vote for each share upon all matters on which shareholders have the right to vote.

ARTICLE V

The initial street address of the Corporations's registered office is 16520 South Tamiami Trail 18-182, Fort Myers, Fl. 33908. The initial registered agent for the Corporation at that address is PATRICIA HARYN.

ARTICLE VI

The initial board of directors shall consist of one member. The name and address of the person who will serve on the initial board is:

NAME	ADDRESS
PATRICIA HARYN	1039 N.E. 13 AVE. CAPE CORAL, FL 33909

ARTICLE VII

The name and address of the person signing these articles of incorporation is:

NAME	ADDRESS
PATRICIA HARYN	1039 N.E. 13 AVE. CAPE CORAL, FL 33909

I hereby am familiar with and accept the duties and responsibilities as registered agent for Complete Massage Therapy of Southwest FL, Inc.

In Witness Whereof, the undersigned incorporators has executed these Articles of Incorporation this 30 day of March, 1995.


PATRICIA HARYN

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95 MAR 14 AM 9 36
SECRETARY OF STATE
TALLAHASSEE FLORIDA