

P95000057967
TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FILED
95 JUL 24 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Island Aquatics & Massage Therapy, Inc
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check
for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: LISA POWERS
Name (printed or typed)

160 SUNSET AVE., SUITE B
Address

PALM BEACH, FL 33480
City, State & Zip

407-833-2255
Daytime Telephone number

900001544719
-07/25/95--01020--013
****122.50 ****122.50

SHARON L. TALA

JUL 27 1995

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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.

FILED
95 JUL 24 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

ISLAND AQUATICS & MASSAGE THERAPY, INC.

ARTICLE II PRINCIPAL OFFICE

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

160 SUNSET AVE., SUITE B
PALM BEACH, FL 33480

ARTICLE III SHARES

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

1,500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LISA POWERS
160 SUNSET AVE., SUITE B
PALM BEACH, FL 33480

ARTICLE V INCORPORATOR(S)

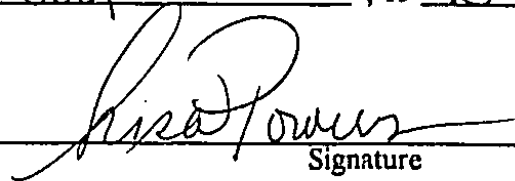
See instructions for officers/directors

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

LISA POWERS - PRESIDENT
160 SUNSET AVE., SUITE B
PALM BEACH, FL 33480

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

1 day of JULY, 19 95.



Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, 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: ISLAND AQUATICS & MASSAGE THERAPY, INC.

2. The name and address of the registered agent and office is:

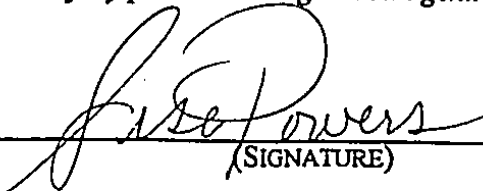
LISA POWERS - PRESIDENT
(NAME)

160 SUNSET AVE., SUITE B
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

PAWM BEACH, FL 33480
(CITY/STATE/ZIP)

FILED
95 JUL 24 AM 8:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I 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.


(SIGNATURE)

7-1-95
(DATE)