

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-0071
904-222-0072 FAX

000-342-0086



19600007371

ACCOUNT NO. : 176100000032

REFERENCE : 810656 93050

AUTHORIZATION :

Patricia Pizito

COST LIMIT : \$ 70.00

ORDER DATE : January 18, 1996

SECRETARIES

ORDER TIME : 2:20 PM

ORDER NO. : 810656

CUSTOMER NO. : 93050

CUSTOMER: Mr. Linda Webb
J. MORRIS BRUNSON, ESQ

1474 Jordan Hills Court

Cleowater, FL 34616

*Need TODAY'S
Date please*

DOMESTIC FILING

NAME: ISLAND MASSAGE THERAPY &
WELLNESS CENTER, INC.

☒ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PHOTO STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: MUP

EXAMINER'S INITIALS:

RECEIVED
96 JAN 23 PM 3:17
DIVISION OF CORPORATION
FILED
96 JAN 23 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
ISLAND MASSAGE THERAPY & WELLNESS CENTER, INC.

FILED
96 JAN 23 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

ISLAND MASSAGE THERAPY & WELLNESS CENTER, INC.

The address of the principal office of this corporation shall be 7317 Second Avenue North, St. Petersburg, Florida 33710, and the mailing address of the corporation shall be the same.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having \$1.00 par value per share.

ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Service Company.

ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE VI. OFFICERS AND DIRECTORS

This corporation shall have one officer and one director, initially. The name and street address of the initial officer and director who shall hold office for the first year of the corporation, or until his successor is elected or appointed is:

Deborah A. Forbes	7313 2nd Avenue North
Dir./Pres./Sec.	St. Petersburg, Florida 33710

ARTICLE VII. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation:

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of
Corporation Service Company, has hereunto set their hand
and seal of Corporation Service Company, on January 23, 1996.

CORPORATION SERVICE COMPANY

By: *Gail Shelby*
Its Agent, Gail Shelby

ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF INCORPORATION

Corporation Service Company, a Florida corporation
to transact business in this State, having a business office
identical with the registered office of the corporation named
above, and having been designated as the Registered Agent in the
above and foregoing Articles, is familiar with and accepts the
obligations of the position of Registered Agent under Section
607.0505, Florida Statutes.

CORPORATION SERVICE COMPANY

By: *Gail Shelby*
Its Agent, Gail Shelby

GMC/mjp

P96000007371

JOHN MORGAN BRUNSON
ATTORNEY AND COUNSELOR AT LAW
1474 JORDAN HILL COURT
CLEARWATER, FLORIDA 34610
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

RECEIVED
04/02/96 10:24 AM
*****5.00 *****5.00

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
96 APR 24 PM 2:54

RA Chg.

APR 24 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthum
Secretary of State

April 17, 1996

JOHN MORGAN BRUNSON, ESQ.
1474 JORDAN HILLS COURT
CLEARWATER, FL 34616

SUBJECT: ISLAND MASSAGE THERAPY & WELLNESS CENTER, INC.
Ref. Number: P96000007371

We have received your document for ISLAND MASSAGE THERAPY & WELLNESS CENTER, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (904) 487-6905.

Thelma Lewis
Corporate Specialist Supervisor

Letter Number: 896A00017963



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 8, 1996

JOHN MORGAN BRUNSON
1474 JORDAN HILLS COURT
CLEARWATER, FL 34616

SUBJECT: ISLAND MASSAGE THERAPY & WELLNESS CENTER, INC.
Ref. Number: P96000007371

We have received your document for ISLAND MASSAGE THERAPY & WELLNESS CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please state the name and address of the new Registered Agent in number 3 of your document.

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) 487-6909.

Velma Shepard
Corporate Specialist

Letter Number: 496A00015843

Charter No. P96000007371

Date Filed _____

**STATEMENT OF CHANGE OF REGISTERED OFFICE
AND REGISTERED AGENT**

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: _____

ISLAND MASSAGE THERAPY & WELLNESS CENTER, INC.

2. The name and address of its present registered agent is:

CORPORATION INFORMATION SERVICES, INC.
1201 Hays Street
Tallahassee, Florida 32301

3. The ~~name and street address~~ to which its registered agent is to be changed is:
(P.O. BOX NOT ACCEPTABLE)

Deborah A. Forbes
7313 Second Avenue North

St. Petersburg, FL 33710

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 APR 24 PM 2:51

4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.

5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

Deborah A. Forbes, President
(Typed or printed name and title)

Signature _____

Deborah A. Forbes
(President or Vice President)

Date 3/5/96

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 RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name Deborah A. Forbes

Signature _____

Deborah A. Forbes
(Agent)

Date 3/5/96