

P96000076595

August 21, 1996

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

EFFECTIVE DATE  
8/22/96

100001834551  
-08/28/96--01065--011  
\*\*\*122.50 \*\*\*122.50

RE: New Florida Corporation

To Whom It May Concern:

Enclosed, please find the Certificate of Designation, two original Articles of Incorporation, and a check in the amount of \$122.50 for the purpose of establishing a new Florida corporation, *Equissage, Inc.*

Sincerely,

*Stephanie B. Black*

Stephanie B. Black  
745 Orienta Avenue  
Suite 1121  
Altamonte Springs, Florida 32701  
407.695.5735

Enc.

FILED  
95 AUG 30 11 08:00  
TALLAHASSEE, FLA

W-18283  
KR 8:20  
7/16



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

August 30, 1996

STEPHANIE B BLACK  
745 ORIENTA AVE  
SUITE 1121  
ALTAMONTE SPRINGS, FL 32701

SUBJECT: EQUISSAGE, INC.  
Ref. Number: W96000018283

We have received your document for EQUISSAGE, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in 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) 487-6932.

Kimberly Rolfe  
Document Specialist

Letter Number: 396A00041062

ARTICLES OF INCORPORATION  
OF  
EQUISSAGE, INC.

The undersigned, for the purpose of forming a corporation under the FLORIDA GENERAL CORPORATION ACT, does hereby adopt the following Articles of Incorporation.

ARTICLE I

The name of the corporation is EQUISSAGE, INC.

ARTICLE II

This corporation shall have perpetual existence commencing on the date of subscription and acknowledgment of these Articles of Incorporation.

ARTICLE III

This corporation is organized for the purpose of transacting any and all lawful business.

ARTICLE IV

This corporation is authorized to issue five hundred (500) shares of \$1.00 par value common stock.

ARTICLE V

The principal address and the initial registered office address of this corporation is 745 Orienta Avenue, Suite 1121, Altamonte Springs, Florida 32701. The name of the initial registered agent of this corporation is Stephanie B. Black, 745 Orienta Avenue, Suite 1121, Altamonte Springs, Florida 32701.

ARTICLE VI

This corporation shall have one director. The number of directors may be either increased or diminished from time to time in the manner provided in the bylaws, but shall never be less than one. The name and address of the directors of the corporation are as follows:

Stephanie B. Black  
745 Orienta Avenue  
Suite 1121  
Altamonte Springs, Florida 32701

ARTICLE VII

The name and address of the corporation's incorporator is as follows:

Stephanie B. Black  
745 Orienta Avenue  
Suite 1121  
Altamonte Springs, Florida 32701

ARTICLE VIII

The corporation shall indemnify its officers, directors and authorized agents for all liabilities incurred directly, indirectly or incidentally to services performed for the corporation, to the fullest extent permitted under Florida law existing now or hereinafter enacted.

The undersigned incorporator has executed these Articles of Incorporation this 10th day of September, 1996.

Stephanie B. Black  
Signature

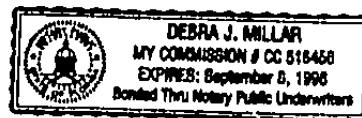
STATE OF FLORIDA  
COUNTY OF SEMINOLE

Before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared STEPHANIE B. BLACK, known to me to be the person whose name is subscribed to the within instrument and acknowledged that she executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 10<sup>th</sup> day of September, 1996.

Debra J. Millar  
Notary Public  
My Commission Expires:

☒ Personally Known (OR)  
☐ Produced Identification  
Type of Identification Produced:



FILED  
25 AUG 1996 8:00

**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: **Equissage, Inc.**
2. The name and address of the registered agent and office is:

**Stephanie B. Black**  
**745 Orienta Avenue, Suite 1121**  
**Altamonte Springs, Florida 32701**

The principal address and the registered office address are the same.

*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)

  
(DATE)

P96000076595



City/ Jim & Stephanie Black  
745 Orienta Ave., #1121  
Altamonte Springs, FL 32701

Office Use Only

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

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #) 200001985092--2  
10/24/96 01035--004  
\*\*\*\*\*35.00 \*\*\*\*\*35.00
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ 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 checked="" type="checkbox"/>	Amendment <i>NC</i>
<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 OCT 24 PM 1:43

OCT 25 1996

Examiner's Initials



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
**Secretary of State**

**October 18, 1996**

**Stephanie Black**  
**745 Orienta Ave., #1121**  
**Altamonte Springs, FL 32701**

**SUBJECT: EQUISSAGE, INC.**  
**Ref. Number: P96000076595**

**This will acknowledge receipt of your correspondence which is being returned for the following reason(s):**

**The fee to file articles of amendment is \$35. For each certified copy requested, please add an additional \$52.50.**

**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) 487-6908.**

**Steven Harris**  
**Corporate Specialist**

**Letter Number: 096A00048188**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 OCT 24 PM 1:43

**NAME CHANGE AMENDMENT**

PURSUANT TO THE PROVISIONS OF SECTION 607.1006, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING AMENDMENT.

**Amendment to Articles of Incorporation of Equissage, Inc.**

Document Number: P96000076595, Equissage, Inc.

Amendment Adopted: Name shall be amended to EQUI-MASSAGE, INC.

Date of Adoption: Thursday, October 10, 1996

Manner of Adoption: Adopted by shareholders-number of votes was sufficient for approval



Stephanie B. Black  
President



Equi-Massage, Inc.  
1800 Brooks Lane  
Oviedo, Florida 32765  
407.977.1754 • 407.977.1543 (Fax)

P96000076595

November 20, 1996

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

RE: Change of Principal Address

To Whom It May Concern:

Please note the following change of address for EQUI-MASSAGE, INC.:

Old Address: 745 Orienta Avenue  
Suite 1121  
Altamonte Springs, Florida 32701  
Phone: 407.695.5735

New Address: 1800 Brooks Lane  
Oviedo, Florida 32765  
Phone: 407.977.1754

Also, please send a print-out of this change of address for my records.

Thank you,

**EQUI-MASSAGE, INC.**

  
Stephanie B. Black  
President

Enclosures

KS  
12-2