000044976

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

*****78.75

PROFESSIONAL TOUCH THERAPEUTIC MASSAGE CENTER, P.A. (Proposed corporate name - must include suffix) SUBJECT:

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

\$131.25

Filing Fee & Certified Copy Filing Fee, **Certified Copy**

& Certificate

ADDITIONAL COPY REQUIRED

FROM: PAUL F. BLANKEN

Name (Printed or typed)

7-73 SW BELMONT Address

PORT ST LUCIE

(561) 336-9013

(561) 343-0016

Daytime Telephone number

DEC 1 1 1996

FILED

96 DEC -9 PM 6: 18

Articles of Incorporation

Professional Association

SEGICTARY OF STATE TALLAHASSEE, FLORIDA

- 1. The name of the corporation shall be: PROFESSIONAL TOUCH THERAPEUTIC MASSAGE CENTER, P.A.
- 2. The purpose for which the corporation is organized is for MASSAGE THERAPY AND RELATED SALES.
- The principal place of business and mailing address of the corporation is: PROFESSIONAL TOUCH THERAPEUTIC MASSAGE CENTER, P.A. 8489 SOUTH FEDERAL HIGHWAY SUITE 16 PORT ST. LUCIE, FLORIDA 34952.
- 4. The corporation shall have the authority to issue fifty thousand (50,000) shares of common stock, in one class only, each with a par value of one dollar (\$1.00).
- The registered agent of the corporation is PAUL F. BLANKEN and the registered street address is: PROFESSIONAL TOUCH THERAPEUTIC MASSAGE CENTER, P.A. 8489 SOUTH FEWDERAL HIGHWAY SUITE 16 PORT ST. LUCIE, FLORIDA 34952.
- 6. The initial Board of Directors shall have one (1) member whose name and address is as follows:

 PAUL F. BLANKEN
 773 SOUTHWEST BELMONT CIRCLE
 PORT ST. LUCIE, FLORIDA 34953
 The number of directors may be raised or lowered by ammendment of the bylaws of the corporation but shall in no case be less than one (1).
- 7. The incorporator of this corporation is PAUL F. BLANKEN whose street address is 773 SOUTHWEST BELMONT CIRCLE, PORT ST. LUCIE, FLORIDA 34953.

Dated 12/4/96

Incorporator

FILED

96 DEC -9 PH 6: 18

SECHLIARY 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 am familiar with and accept the obligations of my position as registered agent.

Dated 12 4 96

Registered Agent