(SAMPLE LETTER OF TRANSMITTATION OF STATE OF CORPORATION OF STATE

6/4/1997 DATE

97 JUH -6 AM 11:01

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

	Ke Re:	vin Vallesio, L.M.T, P.A	. .
	кс	(Name of Corporation)	8 -06/06/9701081009 +++*122.5a ++++122.
Gentlemen:			
Enclosed please check in the am	e find the original and count of \$122.50.	done copy of the Articles of I	ncorporation, together with my
This represents Registered Age	the cost of the Filing nt Designation for the	Fees, Certified Copy of Artice above named corporation.	eles of Incorporation and Fee for
		Very truly yours.	
		San	(Individual's Name) Kevin Vallesio
			Kevin Vallesio, L.M.T., P.A. (Name of Corporation)
		2301 s.e.	Ath. st. Apt. #17 Sch. F1. 33435 — PHONE 0372

Area Code

Number

Seminote Form 215: Trans. Letter (0195)

ARTICLES OF INCORPORATION

Kevin Vallesio, of

L.M.T., P.A.

	FILED
31 (RE 7.4319);	TARY OF STATE

(name of corporation)

th

			ARTICLE I - CORPORATE NAME		
The	name of the co	rporation is:	Kevin Vallesio, . L.M.T., P.A.	· · · · · · · · · · · · · · · · · · ·	
			ARTICLE II - DURATION		
Thi	s corporation sh	all exist perpetua	y unless dissolved according to Florida law.		
			ARTICLE III - PURPOSE		
			surpose of engaging in any activities or business po	ermitted unde	r the laws of the
Jnited S	states and the St	ate of Florida.	L.M.T. (Licensed Massage Therapist)	1	
			ARTICLE IV - CAPITAL STOCK		
Th	e comoration is	authorized to issu	=shares of common stock, par value \$: 1.00	per share.
					po. stiano.
Th	e street address	of the initial princ	ARTICLE V - INITIAL PRINCIPAL OFFICE pal office and, if different, the mailing address is:		
	T ADDRESS				<u>.</u>
		Boynton Bch.	4th. st. Apt. #17		<u> </u>
CITY	D		FLORIDA	ZIP	33435
M	ailing address,	on Bch. if different			33433
	ET ADDRESS		n. st. Apt. #17		
	Boyntom	Bch.	FLORIDA	ZIP	33435

NAME	Kevin Vallesio 2301 s. e. 4th. st.	Apt. #17	 3
ADDRESS	Boynton Bch.		
CITY		FLORIDA	 ZIP 33435

	ARTICLE VII - INITIA	1) directo	ors initially. The		
	minished from time to time by the By-lal director(s) of the corporation are as f		ver be less than	one (1). The names and	
NAME	Kevin Valles	io			
ADDRESS	2301 s. e. 4th	. st.	Apt.	#17	
CITY	Boynton Bch.	STATE	Fl.	ZIP 33435	
NAME					
ADDRESS					
CITY		STATE		ZIP	
NAME					
ADDRESS					
CITY		STATE		ZIP	
	esses of the incorporators signing these	I - INCORPORA Articles of Incorp		ollows:	
NAME	Kevin Vallesio				
ADDRESS	2301 s. e. 4th. s	t. Apt. #17	····		
CITY	Boynton, Bch	STATE	Fl.	ZIP 33435	
NAME	***************************************	· · · · · · · · · · · · · · · · · · ·		7-1 - 7-701	
ADDRESS					
CITY		STATE		ZIP	
NAME				· .	
ADDRESS					
CITY		STATE		ZIP	
The undersigned in	ncorporator(s) have executed these June	Articles of Incor	poration this _	sixth	<u>L</u>
		Dem (In	(Signatur	·e)
				(Signatur	:e)
				(Signatus	re)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE



97 JUN -6 AHII: 01

Kevin Vallesio, 、L.M.T., P.A.				
(name of corporation)				
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:				
The above corporation, organized under the laws of the State of Florida with its registered offic				
s indicated in the Articles of Incorporation				
2301 s. e. 4th. st. Apt. #17				
Boynton Bch., Fl. 33435				
nas named Kevin Vallesio				
ocated at the aforesaid address, as its registered agent to accept service of process within this				
state.				
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 regis-				
tered 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.				
6/4/97				
(Signature) (Date)				
(Date)				