

# P97000058549

MICHAEL S. GOODRUM  
P.O. BOX 359  
TAVERNIER, FL. 33070

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 #)

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\*\*\*\*122.50 \*\*\*\*122.50

- ☐ 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  
97 JUL -3 PM 2:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

June 11, 1997

MICHAEL S GOODRUM  
PO BOX 359  
TAVERNIER, FL 33070

SUBJECT: OCEAN BREEZE MASSAGE COMPANY  
Ref. Number: W97000013642

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

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

A post office box is not an acceptable address for the registered agent.

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) 487-6931.

Becky McKnight  
Document Specialist

Letter Number: 797A000031348

## Articles of Incorporation

1. The name of the corporation is: **Ocean Breeze Massage Company**
2. The principal place of business and mailing address of the corporation is: **P.O. BOX 359 TAVERNIER FL. 33070**
3. The corporation shall have the authority to issue **1000** shares of common stock, in one class only, each with a par value of \$ 1.00.
4. The registered agent of the corporation is **MICHAEL S. GOODRUM** and the registered address is **131 Pine Bluff ST TAVERNIER FL. 33070**  
*Phone # 305 852-2152*
5. The initial Board of Directors shall have 2 member(s) whose names(s) and address(es) is/are as follows:  
**William E. Arrington P.O. BOX 359 TAVERNIER FL. 33070**  
**Michael S. Goodrum P.O. BOX 359 TAVERNIER FL 33070**

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.


6. The incorporator of this corporation is **MICHAEL S. GOODRUM** whose address is **P.O. BOX 359 TAVERNIER FL 33070**

Dated 6/4/97

  
Incorporator

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 6/4/97

  
Registered Agent

FILED  
TALLAHASSEE, FLORIDA

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