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TRANSMITTED

98 JAN 12 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

200002397492--4
-01/12/98--01132--015
*****78.75 *****78.75

SUBJECT: Therapeutic
E-PONA'S Touch Therapeutic Massage Inc.
(Proposed corporate name - must include suffix)

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
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Timothy M. Arradondo
Name (printed or typed)

2170 Friday Rd.
Address

Cocoa Fl. 32926
City, State & Zip

(407) 635-8382 or (407) 528-1065
Daytime Telephone number

P. Hall JAN 14 1998

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Therapeutic
Epona's Touch ^{Therapeutic} ~~Therapeutic~~ massage Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2170 Friday Rd.
Cocoa Fl. 32926

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Timothy m. Arradondo
2170 Friday Rd.
Cocoa Fl. 32926

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):


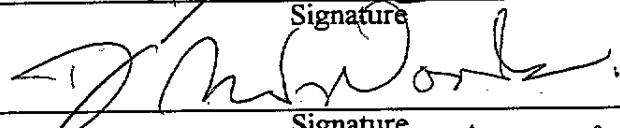
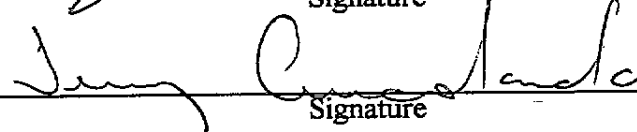
Timothy m. Arradondo 2170 Friday Rd cocoa FL 32926

Terry Arradondo Same

medea woods Same

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

5 day of January, 19 98.


Signature Pres.

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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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: Elena's Touch Therapeutic Massage Inc.

2. The name and address of the registered agent and office is:

Jim Arradondo
(NAME)

2170 Frickar Rd.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Cocoa Fl. 32926
(CITY/STATE/ZIP)

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]
(SIGNATURE)

1/5/98
(DATE)