

TRANSMITTAL LETTER

P980000 63275

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

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-07/16/98--01082--012
*****78.75 *****78.75

SUBJECT: MASSAGE THERAPY SPECIALISTS,
(Proposed corporate name - must include suffix)
INC.

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: STEVE P. STAVROS
Name (Printed or typed)

2024 GARWOOD DR
Address

ORLANDO FL 32826
City, State & Zip

407-249-0730
Daytime Telephone number

FILED
98 JUL 16 PM 2:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

7-17-98
mm

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: MASSAGE THERAPY SPECIALISTS, INC.

ARTICLE II PRINCIPLE OFFICE

The principle place of business of the corporation shall be:
5467 Hansel Ave., H-18, Orlando, Florida, 32809.

The mailing address of this corporation shall be:
PO Box 692075, Orlando, Florida, 32869.

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 300 (three hundred).

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Heather Heinz
7337 Victoria Circle
Orlando, Florida 32835

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Steve Stavros
2024 Garwood Drive
Orlando, Florida 32822-6109

Steve P. Stavros
Signature/Incorporator

7-13-98
Date

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.

Heather Heinz
Signature/Registered Agent

7-12-98
Date

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TALLAHASSEE, FLORIDA