## TRANSMITTAL LETTER

## P98000084234

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

600002651966 -09/30/9801022001 *****35.00 ******35.00
600002651966

SUBJECT:

Massage Medics, 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

\$131.25

Filing Fee & Certified Copy.

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Darla Kumm and Karen Pirkola
Name (Printed or typed)

614Le Ridge Rd.

Port Richey, FL. 34668 City, Sphie & Zip

(727) 841-0128

Daytime Telephone number

SECRETARY OF STATE DIVISION OF CORPORATIONS

98 SFP 30 PM 1: 22

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

ARTICLES OF INCORPORATION	#SEP	SECR USION
The undersigned incorporator, for the purpose of forming a corporation under the Florida .Business Corporation Act, hereby adopts the following Articles of Incorporation.	P 30 PM	FILED FILED FILED FILED
ARTICLE I NAME The name of the corporation shall be:	1 1: 22	ORATIO
Massage Medics, Inc.	10	NS
ARTICLE II PRINCIPAL OFFICE		
The principal place of business and mailing address of this corporation shall be:  (0)46 Ridge Rd.  Port Richey, FL. 34668  ARTICLE III SHARES		
ARTICLE III SHARES The number of shares of start that this country is a start of the start of th		
The number of shares of stock that this corporation is authorized to have outstanding at any one to	ime is:	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS		
The name and Florida street address of the initial registered agent are:  Haren Pirkola  6146 Ridge Rd.  Port Richey, FL. 34668		
ARTICLE V INCORPORATOR		
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:		
Karen Pirkola Parla Kumm 7/239 Vienna Ln. 3433 Mexicali st	ህ የ	<u>~</u>
Port Richey, 7c. 34668 New Port Richey, FL. 3 Paren Gurbala 9/25/98 9/25/98	.,00	

(An additional article must be added if an effective date is requested.)

Signature/Incorporator

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 the position as recitated agent

Signature/Registered Agent 9/25/98

Date