

TRANSMITTAL LETTER

P98000107968

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

98 DEC 30 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

1-1-99

SUBJECT:

Massage Rehab, Inc.

(Proposed corporate name - must include suffix)

800002726858--2

-12/30/98--01078--021

*****78.75 *****78.75

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 of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

RECEIVED

98 DEC 30 PM 2:03

FROM:

Travis White

Name (Printed or typed)

1235 NE 2nd St

Address

Crystal River, Florida 34429

City, State & Zip

(352) 795-1065

Daytime Telephone number

P. Hall

DEC 30 1998

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

ARTICLES OF INCORPORATION

of

Massage Rehab, Inc.

(name of corporation)

FILED

98 DEC 30 PM 2:24

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act adopt(s) the following articles of incorporation for such corporation:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Massage Rehab, Inc.

EFFECTIVE DATE

1-1-99

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS		
8014 W. Gulf To Lake Hwy		
CITY	Crystal River	FLORIDA
		ZIP 34429
Mailing address, if different		
STREET ADDRESS		
CITY	FLORIDA	ZIP

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	Travis White	
ADDRESS	8014 W. Gulf To Lake Hwy.	
CITY	Crystal River	FLORIDA
		ZIP 34429

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have 3 () directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Travis White		
ADDRESS	1235 N. E. Second St.		
CITY	Crystal River	STATE	F1 ZIP 34429
NAME	Cozette White		
ADDRESS	1235 N. E. Second St.		
CITY	Crystal River	STATE	F1 ZIP 34429
NAME	Don Geib		
ADDRESS	5299n S. Riverside Dr.		
CITY	Homosassa	STATE	F1 ZIP 34426

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Travis White		
ADDRESS	1235 N. E. Second St.		
CITY	Crystal River	STATE	F1 ZIP 34429
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

The undersigned incorporator(s) have executed these Articles of Incorporation this 23 nd day of December, 1998.

Effective date of 1/1/98

 (Signature)

_____ (Signature)

_____ (Signature)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

FILED
98 DEC 30 PM 2: 24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Massage Rehab, Inc
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

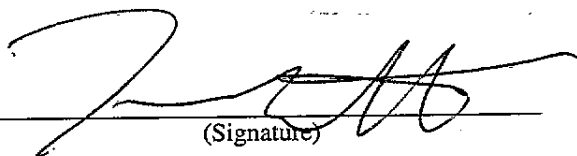
The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 8014 W. Gulf To Lake Hwy
Crystal River, Fl 34429

has named Travis White

located 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 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)

12/23/98
(Date)