

(Proposed corporate name - must include suffix)

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

SUBJECT:

400002736544--0 -01/11/99--01090--020 *****78.75 ******78.75

Enclosed is an original a	nd one(1) copy of the artic	eles of incorporation and a c	check for :	
\$70.00 Filing Fee	K\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	ADDITIONAL COPY REQUIRED	

WILLGONS MASSAGE THERAPY, INC.

FROM:

KATHLEEN E. WILLGOHS

Name (Printed or typed)

5088 WOODRIDGE DRIVE

Address

CALLAHAN, FL 32011

City, State & Zip

(904) 879-4282

Daytime Telephone number

SECRETARY OF STATENS

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



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: WILLGOHS MASSAGE THERAPY, INC.



ARTICLE II PRINCIPAL OFFICE

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

WILLGOHS MASSAGE THERAPY 5088 WOODRIDGE DRIVE CALLAHAN, FL 32011

ARTICLE III SHARES

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

SEVENTY-FIVE COMMON SHARES.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

KATHLEEN E. WILLGOHS 5088 WOODRIDGE DRIVE CALLAHAN, FL 32011

ARTICLE V INCORPORATOR

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

KATHLEEN E. WILLGOHS 5088 WOODRIDGE DRIVE CALLAHAN, FL 32011

Signature/Incorporator/

KATHLEEN E. WILLGOHS

Date

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

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/Registered Agent

Date