000081 Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$131.25 **☑** \$78.75 \$122.50 - \$70.00 Filing Fee, Filing Fee Filing Fee Filing Fee & Certified Copy Certified Copy & Certificate & Certificate ADDITIONAL COPY REQUIRED SAWN BOJAR. Name (Bridged or typed) 10350 W. BAY HARBOR DR. SEE 10F Address BAY HARBOR ISLAND S, FL 33154 City, State & Zip (305) 861-6919 Daytime Telephone number

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: Massage in Motion Inc. ARTICLE II PRINCIPAL OFFICE ARTICLE II PRINCIPAL OFFICE
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
10350 W. Bay Harbor Dr. Ste 10F Bay Harbor Islands, FL 33154 ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
100 Shares
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
The name and Florida street address of the initial registered agent are: Dawn Bogar Suite 10F Bay Harbor Dr Bay Harbor ISlands, FL 33154
ARTICLE V INCORPORATOR
mi I II
Dawn Bugar 10350 w. Bay Harbor Dr. Suite 10F Bay Harbor Islands, FL 33154
Caust 1-20-99
Signature/Incorporator 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

/- 20-99 Date