

P99000015120

TRANSMITTAL LETTER

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

FILED  
99 FEB 15 PM 4:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: The Medical Spa Stress and Alternative Therapies, Inc.  
(Proposed corporate name - must include suffix)

400002775874--3  
-02/15/99--01127--011  
\*\*\*\*\*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

ADDITIONAL COPY REQUIRED

FROM: James McMichael  
Name (Printed or typed)

Nancy 258 Altamonte Drive Ste 1000  
AUTHORIZATION BY PHONE TO GAVE Address  
CORRECT Art IV  
DATE 2/16 Altamonte Springs, FL 32701  
City, State & Zip  
DOC. EXAM SD

(407) 260-5040  
Daytime Telephone number

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

this  
should be  
filed as a Profit

SD  
2/17

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida  
for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

### **ARTICLE I NAME**

The name of the corporation shall be:

The Medical Spa Stress and Alternative Therapies, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

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

258 Altamonte Drive Suite 1000  
Altamonte Springs, FL 32701

### **ARTICLE III PURPOSE(S)**

The specific purpose(s) for which the corporation is organized is(are):

Operative Alternative health and wellness center

### **ARTICLE IV SHARES**

100

### **ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Nancy McMichael  
258 Altamonte DR Ste 1000  
Altamonte Springs, FL 32701

### **ARTICLE VI INCORPORATOR**

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

James McMichael  
258 Altamonte DR Ste 1000  
Altamonte Springs, FL 32701

James McMichael  
Signature/Incorporator

Feb. 11, 1999  
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.

Nancy McMichael  
Signature/Registered Agent

2-11-99  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 FEB 15 PM 4:34

FILED