SUBJECT:

Sheryl Anne Cammenga Massage Therapy, Inc.

600002863316--5 -05/05/99--01044--013 ******78.75 *****78.75

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

□\$70.00

\$78.75

□\$122.50

□\$133.25

Filing Fee

Filing Fee & Certificate Filing Fee & Certificate Copy

Filing Fee, Certificate Copy &

Certificate

FROM:

Sheryl Anne Cammenga 4803 Buchanan Drive Fort Pierce, FL 34982 561-467-9511

99 NAY -5 PM 12: 15
SECRETARY OF STATE
SECRETARY OF STATE

NOTE:

Please provide the original and (1) copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I - NAME

The name of the corporation shall be:

Sheryl Anne Cammenga Massage Therapy, Inc.

ARTICLE II - PRINCIPAL OFFICE

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

c/o Sheryl Anne Cammenga 4803 Buchanan Drive Fort Pierce, FL 34982

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares. The Par Value of each share of stock is \$1.

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Sheryl Anne Cammenga 4803 Buchanan Drive Fort Pierce, FL 34982

ARTICLE V - INCORPORATOR(S)

The name and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Sheryl Anne Cammenga DOB: 09-11-1962 SSN: 262-83-2259 4803 Buchanan Drive Fort Pierce, FL 34982

ARTICLE VI - SMALL BUSINESS CORPORATION

The corporation e Service Code.	elects to be treate	ed as a small	business	corpora	mon und	er section 1244	of the lift	illai Reven	
The undersigned	incorporator(s)	has (have)	executed	these	Articles	of Incorporation	on this _	q the day	of
									,
		Sheryl o	ane Sign:	<u>Can</u>	ine	gr	uger er .		nin wakki mase ak kear

ARTICLES OF INCORPORATION FILING FEE - \$35.00

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the corporation is: Sheryl Anne Cammenga Massage Therapy, Inc.
- 2. The name and address of the registered agent and office is:

Sheryl Anne Cammenga 4803 Buchanan Drive Fort Pierce, FL 34982

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

Ligul 9, 1999

Date

99 NAY -5 PM IZ: 15
SECRETARY OF STATE
ALL ANALYSISES