TRANSMITTAL LETTER

P99 0000 4805

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

200002883⁷32---4 -05/24/99--01066--003 ******78.75 *****78.75

SUBJECT: CONNIE & SANDY'S MASSAGE COMPANY

(Proposed corporate name - must include suffix)

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

S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
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FROM: CONNIE GROOMS

Name (Printed or typed)

4812 NW GT CT

Address

PLANTATION FL 33317

City, State & Zip

(954) 5873552

Daytime Telephone number

F. CHESSER MAY 2 7 1999

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:

CONNIE & SANDY'S MASSAGE COMPANY

ARTICLE II PRINCIPAL OFFICE

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

4812 NW 6th CT PLANTATION FL 33317

ARTICLE III SHARES

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

100 SHAPES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

4812 NW Cr CT PLANTATION PL 33317

ARTICLE V INCORPORATOR

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

CONNIE GROOMS
14812 NW GT CT
PLANTATION FL 33317

Signature/Incorporator

May 21, 1999

(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

13/,/197

Daté