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TRANSMITTAL LETTER

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

500002928995--1  
-07/12/99--01117--001  
\*\*\*\*158.00 \*\*\*\*\*78.75

SUBJECT: Caribbean Touch Massage, Inc.  
(Proposed corporate name - must include suffix)

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

\$122.50  
Filing Fee  
& Certified Copy

\$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: Jaynell Nogueira  
Name (printed or typed)  
1202 Seaview  
Address  
North Lauderdale, FL 33068  
City, State & Zip  
(954) 258-6116  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 JUL 12 PM 2:33

FILED

Jaynell Nogueira GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT Name  
DATE 7/12  
DOC. EXAM. TBE

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

**ARTICLES OF INCORPORATION**

**FILED**  
99 JUL 12 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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:

Caribbean Touch Massage, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

1202 Seaview  
North Lauderdale, FL 33068

**ARTICLE III SHARES**

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

8,500 Shares of \$1 Par Value

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Jaynell Nogueira  
1202 Seaview  
North Lauderdale, FL 33068

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

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

Jaynell Nogueira  
1202 Seaview  
North Lauderdale, FL 33068

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

14 day of June, 19 99.

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

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: Caribbean Touch Massage, Inc.

2. The name and address of the registered agent and office is:

Jaynell Nogueira  
(NAME)  
1202 Seaview  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)  
North Lauderdale, FL 33068  
(CITY/STATE/ZIP)

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99 JUL 12 PM 2:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

Jaynell Nogueira  
(SIGNATURE)

7-12-99  
(DATE)