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TRANSMITTAL LETTER

FILED  
1999 OCT 25 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
October 21, 1999

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

000003023820--8  
-10/25/99-01096--017  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Subject: A A A Acupressure Theraputic Massage, Inc.

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

\$70.00  
Filing Fee

From: Anna L. Brown  
1100 Fifth Avenue South, Suite 201  
Naples, FL 34102  
(941) 435 - 3537

F. G. 12093M OCT 26 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: A A A Acupressure Therapeutic Massage, Inc.

### **ARTICLE II: PRINCIPAL OFFICE**

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

5600 North Tamiami Trail #19  
Naples, FL 34108

### **ARTICLE III: SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 1000.

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

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

Anna L. Brown  
1100 Fifth Avenue South, Suite 201  
Naples, FL 34102

### **ARTICLE V: INCORPORATOR**

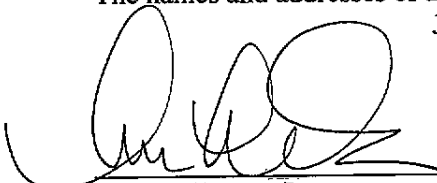
The name and address of the incorporator to these Articles of Incorporation are:

Anna L. Brown  
1100 Fifth Avenue South, Suite 201  
Naples, FL 34102

### **ARTICLE VI: INITIAL DIRECTOR**

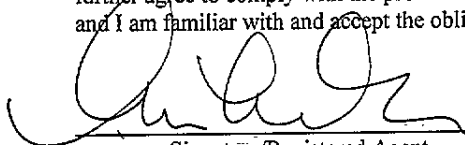
The names and addresses of the initial directors to this corporation are:

Jason Black and Elizabeth Tripp Black  
5600 North Tamiami Trail #19  
Naples, FL 34108

  
Signature/Incorporator

10/21/99  
Date

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

10/21/99  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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