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TRANSMITTAL LETTER

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

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-12/08/99--01041--004
*****78.75 *****78.75

SUBJECT: INNER SERENITY MASSAGE THERAPY AND RELAXATION CENTER, 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: SHERYL L. SINCLAIR, PRESIDENT
Name (Printed or typed)

781 BONAIRE CIRCLE
Address

JACKSONVILLE BEACH FL 32250
City, State & Zip

904-246-7884
Daytime Telephone number

FILED
1999 DEC -8 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. Howell DEC 10 1999

**ARTICLES OF INCORPORATION
OF
INNER SERENITY MASSAGE THERAPY AND RELAXATION CENTER, INC.**

ARTICLE I

The name of the corporation shall be *Inner Serenity Massage Therapy and Relaxation Center, Inc.*, (hereinafter referred to as the "Corporation").

ARTICLE II

The term of existence of the corporation shall be perpetual.

ARTICLE III

The aggregate number of shares which the corporation shall have authority to issue is Ten (10). The par value of each share shall be One Hundred Dollars (\$100.00).

ARTICLE IV

The corporation shall have one class of stock which shall be common stock.

ARTICLE V

Each Shareholder shall have a preemptive right, as defined by the laws of the state of Florida, to purchase or acquire additional or treasury shares of stock of the corporation.

ARTICLE VI

Not less than a majority of the shares entitled to vote, represented in person or by proxy, shall constitute a quorum at a meeting of the shareholders. Each outstanding share, regardless of class, shall be entitled to one vote, which vote shall not be cumulative, on each matter submitted to a vote at a meeting of the shareholders. Except as otherwise required by law, the majority of the shares represented at the meeting and entitled to vote on the subject matter shall be the act of the shareholders.

ARTICLE VII

The name and address of the Initial Registered Agent designated to receive subscriptions to capital stock is: Sheryl L. Sinclair, 781 Bonaire Circle, Duval County, Jacksonville Beach, FL 32250.

ARTICLE VIII

The initial principal place of business and mailing address of this corporation shall be 781 Bonaire Circle, Duval County, Jacksonville Beach, FL 32250.

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TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION
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ARTICLE IX

The number of directors constituting the initial Board of Directors shall be two (2). The names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders and until their successors be elected and qualify are:

Sheryl L. Sinclair
781 Bonaire Circle
Jacksonville Beach, FL 32250

Jennifer A. Sinclair
8024 Southside Blvd. #61
Jacksonville, FL 32256

ARTICLE X

The names and addresses of the persons chosen to serve as officers for the first year are as follows:

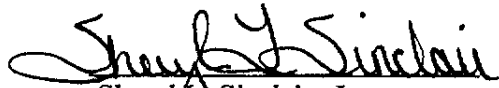
President: Sheryl L. Sinclair, 781 Bonaire Circle, Jacksonville Beach, FL 32250

Vice President/Secretary/Treasurer: Jennifer A. Sinclair, 8024 Southside Blvd. #61, Jacksonville, FL 32256

ARTICLE XI

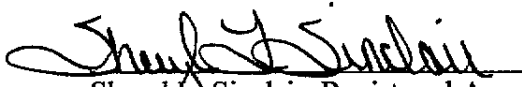
The name and address of the incorporator to these Articles of Incorporation are Sheryl L. Sinclair, 781 Bonaire Circle, Duval County, Jacksonville Beach, FL 32250

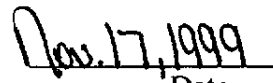
The undersigned incorporator has hereunto subscribed her signature to these Articles of Incorporation on this 17th day of November, 1999.


Sheryl L. Sinclair, Incorporator

**ARTICLES OF INCORPORATION
OF
INNER SERENITY MASSAGE THERAPY AND RELAXATION CENTER, INC.**

Having been named as registered agent and to accept service of process for the above 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.


Sheryl L. Sinclair, Registered Agent


Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATE OF ALABAMA))

CHAMBERS COUNTY))

I, the undersigned authority, a notary public in and for said County in said State, hereby certify that Sheryl L. Sinclair, whose name is signed to the foregoing document, and who is personally known to me, acknowledged before me on this day that, being informed of the contents of the document, she executed the same voluntarily on the day the same bears date.

Given under my hand this the 17th day of Nov, 1999.


W. Terrell Hollis, Notary

My comission expires: NOTARY PUBLIC STATE OF ALABAMA AT LARGE
MY COMMISSION EXPIRES: Nov. 8, 2002
BONDED THRU NOTARY PUBLIC UNDERWRITERS