

STATE of WASHINGTON



SECRETARY of STATE

I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF INCORPORATION

to

A HEALING TOUCH MASSAGE CLINIC, PS

a Washington Professional Service corporation. Articles of Incorporation were filed for record in this office on the date indicated below.

UBI Number: 602 072 683

Date: October 18, 2000



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

A handwritten signature of Ralph Munro is written over a horizontal line. The signature is in black ink and appears to be "R. Munro".

Ralph Munro, Secretary of State
2-936820-6

3006

293-1749.0
2000



STATE OF WASHINGTON
SECRETARY OF STATE

APPLICATION TO FORM A
PROFIT CORPORATION

(Per Chapter 23B.02 RCW)

FEE: \$175

- Please PRINT or TYPE in black ink
- Sign, date and return original AND ONE COPY to:

CORPORATIONS DIVISION
801 CAPITOL WAY SOUTH • PO BOX 40234
OLYMPIA, WA 98504-0234

FILED
STATE OF WASHINGTON
OCT 18 2000

EXPEDITED (24-HOUR) SERVICE AVAILABLE - \$20 PER ENTITY
INCLUDE FEE AND WRITE "EXPEDITE" IN BOLD LETTERS
ON OUTSIDE OF ENVELOPE

FOR OFFICE USE ONLY

FILED: 10 / 18 / 00

UBI: 602-072-683

CORPORATION NUMBER:

- BE SURE TO INCLUDE FILING FEE. Checks should be made payable to "Secretary of State"

IMPORTANT! Person to contact about this filing

LaNita A. Landru

Daytime Phone Number (with area code)

(425) 641-1824

ARTICLES OF INCORPORATION

NAME OF CORPORATION (Must contain the word "Corporation" "Incorporated" or "Limited" or the abbreviation "Corp." "Inc." "Co." or "Ltd.")

A Healing Touch Massage Clinic, PS

NUMBER OF SHARES (Minimum of one (1) share must be listed)
THE CORPORATION IS
AUTHORIZED TO ISSUE

100

CLASS OF
SHARES (If "preferred" class is checked, please attach description)

☒ Common ☐ Preferred

EFFECTIVE DATE OF
INCORPORATION (Specified effective date may be up to 90 days AFTER receipt of the document by the Secretary of State)

☐ Specific Date: _____

☒ Upon filing by the Secretary of State

>>> PLEASE ATTACH ANY OTHER PROVISIONS THE CORPORATION ELECTS TO INCLUDE <<<

NAME AND ADDRESS OF WASHINGTON STATE REGISTERED AGENT

Name LaNita A. Landru

Street Address (Required) 15311 NE 7th Pl. City Bellevue State WA ZIP 98007

PO Box (Optional - Must be in same city as street address) _____ ZIP (If different than street ZIP) _____

I consent to serve as Registered Agent in the State of Washington for the above named corporation. I understand it will be my responsibility to accept Service of Process on behalf of the corporation; to forward mail to the corporation; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

LaNita A. Landru

Signature of Agent

LaNita A. Landru

Printed Name

10/18/2000

Date

NAMES AND ADDRESSES OF EACH INCORPORATOR (If necessary, attach additional names and addresses)

Name LaNita A. Landru and director

Address 15311 NE 7th Pl. City Bellevue State WA ZIP 98007

Name _____

Address _____ City _____ State _____ ZIP _____

Name _____

Address _____ City _____ State _____ ZIP _____

SIGNATURE OF INCORPORATOR

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

LaNita A. Landru

Signature of Incorporator

LaNita A. Landru Incorporator

Printed Name

Title

10/18/2000

Date

CORPORATIONS INFORMATION AND ASSISTANCE - 360/753-7115 (TDD - 360/753-1485)

FOR OFFICE USE ONLY

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005-001 (8/00)

Val: 10/18/2000 - 180439
\$239.00 on 10/18/2000
Check - 10/18/2000 - 12730