TRANSMITTAL LETTER

P02000026446

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

SUBJECT: Heavenly Creations Salon & Spa Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

300005041913--1
-03/04/02--01112--022
*****87.50 *****87.50

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 of Status	☐ $78.75 Filing Fee & Certified Copy	☑ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Yolanda West
Name (Printed or typed)

931 Twin Lakes Dr.
Address

Coral Springs FL 33071
City, State & Zip

954 296-4254
Daytime Telephone number

FILED
02 MAR -4 PM 1:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

03-11-02

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: **HEAVENLY CREATIONS SALON & SPA INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

931 TWIN LAKES DR.
Coral Springs, FL 33071

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporations purpose is to enhance the inner beauty ~~of~~ to the customers which will serve unisex with Hair care, massage therapy, fasicals, plus nail techs.

ARTICLE IV SHARES

The number of shares of stock is:

The maximum number of shares that this corporation is authorized to have outstanding at anytime is One Hundred Thousand shares (100,000) of common stock, each share having the par value of one ($1.00) dollar.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Yolanda West
931 TWIN LAKES DR
Coral Springs, FL 33071

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TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

Yolanda West
931 TWIN LAKES DR
Coral Springs, FL 33071

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Yolanda West
931 TWIN LAKES DR
Coral Springs FL 33071

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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Yolanda West
Signature/Registered Agent

2/28/02
Date

Yolanda West
Signature/Incorporator

2/26/02
Date