## TRANSMITTAL LETTER

## P9900015537

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Department of State			· <del></del>	
Division of Corporation	ons	_	— ****	
P. O. Box 6327			PÉR 3	2
Tallahassee, FL 3231	4			المُنْفِيِّةِ بِ
SUBJECT: A	5 pbsh of Pink (Proposed corpora	CDS, Inc.	RIMENT OF STATE NOF CORPORATIONS WASSEE, FLORIDA	
Enclosed is an origina	al and one(1) copy of the articles		00002778 -02/17/99( heck fo <u>*</u> ****78.75	3061 1058017 *****78.75
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□ \$70.00	<b>□</b> \$78.75	<b>X</b> \$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
			Status	
		ADDITIONAL CO		
FROM:	Lisa M. Gun Name (Pr	inted or typed)	<del>-</del>	
	P.O. BAX 1355	Address	99 FEB I	
		32353 State & Zip	PH 1:57	
	850-627-950	<u> </u>	<del></del>	<b>×</b>
`	Daytime T	elephone number	D.	· • · · · · · · · · · · · · · · · · · ·

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

## 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 Spash of Pink CDS, Inc
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
2155 W. Jefferson St.
Quincy FL 32351
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
-000
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
2155 W Jefferson-St. Lisa M. Grandal
Quina FC 32351_
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:
Lisa M. Guancial
P.O. BOX 1355 Quincy FL 32353
July 12 Jass
Six M. Suarcial a-17-79=
Signature/Incorporator Date

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

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

Date