POOOOO31415 TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 SPA L'EUROPE, INC.
(Proposed corporate name - must include suffix) SUBJECT: 500003182975 -03/24/00--01059--003 *****78.75 ******78.75 Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$87.50 **⊠** \$78.75 \$78.75 **\$70.00** Filing Fee, Filing Fee Filing Fee Filing Fee Certified Copy & Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED MARY JO CASCIO FROM: Name (Printed or typed) 662 CORTEZ CIRCLE Address ALTAMONTE SPRINGS, FL 32714 City, State & Zip

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

Daytime Telephone number

407/788-2282

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	00 MAR 24 SECRETARY TALLAHASSI	-11
ARTICLE I NAME The name of the corporation shall be: SPA L'EUROPE, INC.	4 PM I2: 01 KY OF STATE ISEE, FLORID	FILED
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 662 CORTEZ CIRCLE ALTAMONTE SPRINGS, FL 3271	A	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: ANY LAWFUL BUSINESS IN THE STATE OF FLORII	DA.	
ARTICLE IV SHARES The number of shares of stock is: ONE HUNDRED (100)		: . **** . * **
662 CORTEZ CIRCLE 662 CONTEX CIRCLE ALTAMONTE SPRINGS, FL 32714 ALTAMON	J. BERRY RTEZ CIRO NTE SPRIN 32714	
ARTICLE VI REGISTERED AGENT The name and Florida street address registered agent are: MARY JO CASCIO 662 CORTEZ CIRCLE ALTAMONTE SPRINGS,	FL 3271	.4
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**************************************	agree to comply r with and accept	ted in v with pt the

Signature/Incorporator