

Division of Corporation P. O. Box 6327 Tallahassee, FL 3231		40		244 [29005 ****78.75
SUBJECT:	LESCAPANE SPA	9 & SALON IN	<u> </u>	00 AUG 21 AM 9: 22
Enclosed is an origina	al and one(1) copy of the article	s of incorporation and a c		
☐ \$70.00 Filing Fee	\$\bigsep\$ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: _	GINETTE (Pr	ORTOL inted or typed)	<u>.</u>	
	4551 N.W.	4/57 CT-	· • •	
	FORT- LAUDERDI City,	1/= Floring State & Zip	33319	

h. S. 2-150% AUG 2 5 2000

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

(954) 739-5172 Daytime Telephone number

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:

L'Escapade Spa & Salon, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2111 N. University Drive Sunset Strip Plaza Plantation, FL 33324

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

200

ARTICLE IV OFFICERS

Peter Glaze, President
Richard Abrahams, Vice President
Ginette Oriol, Treasurer
Rachel Constant, Secretary

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Ginette Oriol 2111 N. University Drive Plantation, FL 33324

ARTICLE VI INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Ginette Oriol
2111 N. University Drive
Plantation, FL 33324

Signature/Incorporator

(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

Daté

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