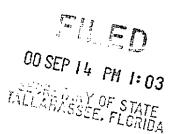
DOOOOS 7652 TRANSMITTAL LETTER



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

SUBJECT:	TROPICAL BATH PRODUCTS IN (PROPOSED CORPORA)	C. FE NAME – <u>MUST INCL</u>	UDE SUFFIX)		: vs #######
.			03393203 9/14/0001046 *****78.75 *****	——————————————————————————————————————	
Enclosed is an origin \$70.00 Filing Fee	al and one(1) copy of the article \$78.75 Filing Fee & Certificate of Status	S of incorporation and a company of the state of the stat	\$87.50 Filing Fee, Certified Copy & Certificate of Status		-
FROM: CHRIS ANGELINI Name (Printed or typed)					
	85 GRAND CANAL DRIVE, SUITE 207 Address				-
	MIAMI, FLORIDA 33144 City, S	State & Zip		. .	 -d
	(305) 260-0946 Daytime Te	lephone number			

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

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:

Tropical Bath Products Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

13500 S.W. 88TH Street, #185 Miami, Florida 33186

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Profit

ARTICLE IV SHARES

The number of shares of stock is:

100

INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Vice President Magaly Rodriguez

REGISTERED AGENT

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

Chris Angelini 888 Brickell Key Drive #605 Miami, FL 33131

INCORPORATOR ARTICLE_VII

The name and address of the Incorporator is:

Chris Angelini 888 Brickell Key Drive #605 Miami, FL 33131

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

Signature/Registered Agent

signature/Incorporator