

TRANSMITTAL LETTER

PO10000010772

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

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-01/29/01--01111--001
*****78.75 *****78.75

Spa SoLara Inc.

SUBJECT: _____

(Proposed corporate name - must include suffix)

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

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Name (Printed or typed)

Lara Figueredo

Address

909 Roderigo Avenue

City, State & Zip

Coral Gables FL 33134

Daytime Telephone number

305-401-5272

FILED
01 JAN 29 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Feb 1/30

(2)

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: **Spa SoLara Inc.**

ARTICLE II PRINCIPAL OFFICE

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

**909 Roderigo Ave.
Coral Gables FL 33134**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
1,000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

**Lara Figueredo
909 Roderigo Ave.
Coral Gables FL 33134**

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ARTICLE V INCORPORATOR

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

**Lara Figueredo
909 Roderigo Ave.
Coral Gables FL 33134**



Signature/Incorporator

1.18.01

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

1.18.01

Date