

TRANSMITTAL LETTER
P01000041998

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

SUBJECT: Your Total Image, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

500004045405--5

-04/24/01-01008--010

*****78.75 *****78.75

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 of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Sandra Gagne
Name (Printed or typed)

12185 Royal Palm Blvd.
Address

Coral Springs, FL 33065
City, State & Zip

(954) 255-5090
Daytime Telephone number

FILED
01 APR 24 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FL 32314

Sandra Gagne GAVE
AUTHORIZATION BY PHONE TO
CORRECT Art. IV
DATE 4-26-01
DOC. EXAM WOC

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

4-26-01
WOC

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:

Your Total Image, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

12185 Royal Palm Blvd.
Coral Springs, FL 33065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For Profit Corporation for cosmetic sales

ARTICLE IV SHARES

The number of shares of stock is:

1 Share

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Sandra Iagne
12185 Royal Palm Blvd.
Coral Springs, FL 33065

ARTICLE VI REGISTERED AGENT

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

Sandra Iagne
12185 Royal Palm Blvd
Coral Springs, FL 33065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sandra Gagne
12185 Royal Palm Blvd.
Coral Springs, FL 33065

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

Date

Signature/Incorporator

Date

FILED
01 APR 24 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA