

TRANSMITTAL LETTER

PD10000095936

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

300004617803--1
-10/01/01--01043--009
*****78.75 *****78.75

SUBJECT: SPA - DELARISSA, INC.
(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 of Status

☒ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: VINCENT A. SABIO
Name (Printed or typed)

817 BENTWOOD DR.
Address

NAPLES, FL 34108
City, State & Zip

(941) 591-1188
Daytime Telephone number

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

FILED
01 OCT - 1 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. BULLOCK OCT 02 2001

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:

SPA - DELARISSA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2092 IMPERIAL CIRCLE
NAPLES, FL. 34110

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SET UP NEW BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ROBERT SMOLEN 2092 IMPERIAL CIRCLE, NAPLES, FL. 34110 V. PRES
TREAS.

LARISSA SMOLEN 2092 IMPERIAL CIRCLE, NAPLES, FL. 34110 PRES./SEC.

ARTICLE VI REGISTERED AGENT

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

VINCENT A. SABIO
817 BENTWOOD DRIVE
NAPLES, FL. 34108

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ROBERT SMOLEN
2092 IMPERIAL CIRCLE
NAPLES, FL. 34110

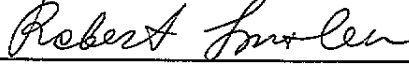
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent
VINCENT A. SABIO

9/19/01

Date

x 

Signature/Incorporator

9/22/01

Date

ROBERT SMOLEN

FILED
01 OCT -1 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA