

TRANSMITTAL LETTER

P01000103066

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

400004634234--7
-10/12/01--01024--001
*****70.00 *****70.00

SUBJECT: AMANDARI SKINCARE INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: TINA WENANG
Name (Printed or typed)

9460 DELRAY DR

Address

NEW PORT RICHEY, FLORIDA 34654

City, State & Zip

727-992-2577

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE FLORIDA

01 OCT 24 PM 2:54

FILED

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

T. Burch OCT 24 2001



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

October 12, 2001

TINA WENANG
9460 DELRAY DR
NEW PORT RICHEY, FL 34654

SUBJECT: AQMANDARI SKINCARE INC.
Ref. Number: W01000023719

We have received your document for AQMANDARI SKINCARE INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.")

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Document Specialist
New Filing Section

Letter Number: 401A00056858

ARTICLES OF INCORPORATION

AMANDARI SKINCARE, INC

SECRETARY OF STATE
TALLAHASSEE FLORIDA

01 OCT 24 PM 2:54

FILED

I, the undersigned, whose name is hereunto subscribed, make this certificate for the purpose of forming a corporation to be known as AMANDARI SKIN CARE, INC, and hereby associate ourselves together for the purpose of becoming such corporation for profit under the laws of the State of Florida for the purpose and with the rights, powers and objects hereinafter set forth as follows:

ARTICLE I

NAME

The name of the corporation shall be AMANDARI SKINCARE, INC

ARTICLE II

ADDRESS

The initial street address of the principal office of this corporation in the State of Florida is 8232 Massachusette Ave, New Port Richey, Florida 34652. The Board of Directors may from time to time move the principle office to any other address in the State of Florida

ARTICLE III

NATURE OF BUSINESS

The purpose of this corporation is to engage in any activity or business permitted under the laws of the United States and the State of Florida, except that it is not to conduct banking, safe deposit, trust, insurance, surety, express, railroad, canal, telegraph, telephone, or cemetery company, a building and loan association, mutual fire insurance association, cooperative association, fraternal benefit society, state fair or exposition activity or business.

ARTICLE IV

CAPITAL STOCK

The maximum number of share of stock that this corporation is authorized to have outstanding at any time is one hundred (100) shares non par value common stock.

ARTICLE V

INITIAL OFFICERS

The names and addresses of the officers of this corporation, who, subject to these Articles of Incorporation, the by-laws of this corporation and the laws of the State of Florida, shall hold office for the first year of the existence of this corporation, or until an election is held by the directors of this corporation for the election of permanent officers, or until the successors have been duly elected and qualified are:

NAME :	ADDRESS :	OFFICE:
Tina Wenang	8232 Massachussets Ave New Port Richey, Fl.34652	President Sect., Tres.

ARTICLE VI

REGISTERED AGENT

The corporation has named LESTER E> LANE< 5303 Locust Place, New Port Richey, Florida 34652-3736 as its registered agent to accept service of process within the State of Florida.

ARTICLE VII

INCORPORATOR

The names and addresses of each incorporator to these Articles of Incorporation and the number of shares each agrees to take are:

NAME	ADDRESS:	SHARES
Tina Wenang	8232 Massachussets Ave New Port Richey, Fl. 34652	10

ARTICLE VIII

DIRECTORS

This corporation shall have one (1) director. The number of directors may increased from time to time by virtue of by-laws adopted by the stockholder(s) but shall never be less than one (1).

ARTICLE IX

INITIAL DIRECTORS

The name and address of the number of the first Board of Directors are:

NAME:

ADDRESS:

Tina Wenang

8232 Massachusetts
New Port Richey, Fl. 34652

ARTICLE X

AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law, every amendment shall be approved by the Board of Directors proposed by them to the stockholders and approved at a stockholders Meeting by majority of the stock entitled to vote thereon unless all directors and all the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

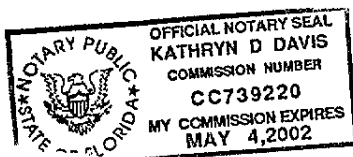
Tina Wenang
TINA WENANG

STATE OF FLORIDA
COUNTY OF PASCO

BEFORE ME, the undersigned authority, duly authorized to take acknowledgments, appeared TINA WENANG, personally known to me to be the person described in the foregoing Articles of Incorporation as the incorporation thereto and who executed the foregoing Articles of Incorporation and she acknowledge before me that she subscribed to such Articles of Incorporation.
WITNESS my hand and seal this 8th day of October 2001, at New Port Richey, Pasco County, Florida.

Kathryn D Davis
Notary Public

My Commission Expires:



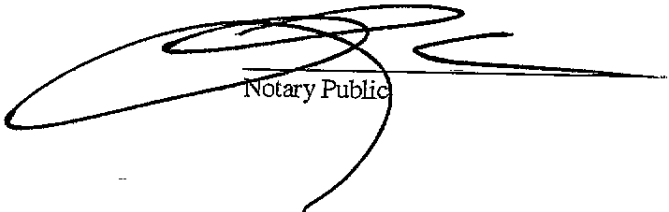
Acceptance of Registered Agent

I hereby am familiar with and accept the duties and responsibilities as registered agent for AMANDARI SKINCARE, INC.


LESTER E. LANE

STATE OF FLORIDA
COUNTY OF PASCO

SWORN AND SUBSCRIBED to before me this 22nd day of Oct, 2000. Personally known to me.


Notary Public

My Commission Expires:

