1000105/43-TRANSMITTAL LETTER

FILED

01 OCT 29 AMII: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Tallahassee, FL 32314			
SUBJECT: The European Fountain (Proposed corporate)	n Spa, Inc. ate name - must include suff	īx)	<b>–</b>
Enclosed is an original and one(1) copy of the article		00046568 -10/29/0101 *****78.75 check for :	3995 1051003 *****78.75
S70.00 x x \$78.75  Filing Fee Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: Candida Y. Este Name (Pr 2565 NW 79th Av	vez_ inted or typed)		
Miami, Florida	ddress 33122 State & Zip		·

(305) 436-8003

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

Daytime Telephone number

## 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.

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ARTICLE I NAME

The name of the corporation shall be:

THE EUROPEAN FOUNTAIN SPA, INC.

PRINCIPAL OFFICE

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

2565 NW 79th AVENUE, MIAMI, FLORIDA 33122

ARTICLE III **SHARES** 

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Candida Y. Estevez

2565 NW 79th Avenue, Miami, Florida 33122

<u>INCORPORATOR</u>

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

Candida Y. Estevez

2565 NW 79th Avenue, Miami, Florida 33122

Signature/Incorporator

(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 fragistered agent

Signature/Registered Agent