

**P02000025790**

Florida Department of State  
Division of Corporations  
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Katherine Harris, Secretary of State

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To: Division of Corporations  
Fax Number : (850)205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

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DIVISION OF CORPORATIONS  
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**FLORIDA PROFIT CORPORATION OR P.A.**

**HOME SPA ENTERPRISES, INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 01      |
| Estimated Charge      | \$78.75 |

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**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: **HOME SPA ENTERPRISE, INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

**4384 NW 200 Street  
Miami, FL 33055.**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**To send out Licensed massage therapists.**

ARTICLE IV SHARES

The number of shares of stock is:

**100 shares**

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

**Elvis Morris (President)**

**Colleen Thompson (Vice-President)**

ARTICLE VI REGISTERED AGENT

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

**Elvis Morris  
4384 NW 200 St  
Miami, FL 33055.**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**Marisela Iglesias  
1761 SW 11th Street  
Miami, FL 33135.**

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\*\*\*\*\*  
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

Elvis Morris  
Register Agent

3-6-02  
Date

Marisela Iglesias  
Incorporator

3-6-02  
Date

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