

TRANSMITTAL LETTER

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

900006057818--1
-06/27/02--01019--004
*****70.00 *****70.00

SUBJECT: FOX-C, 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: LISA FOXWORTH-CUMMINGS
Name (Printed or typed)
701 NW 141ST AVE. APT. 211

Address

PEMBROKE PINES, FL 33028

City, State & Zip

(215) 416-2988

Daytime Telephone number

FILED
02 JUN 27 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

PASCHAL & ASSOCIATES, INC.
PUBLIC ACCOUNTANTS

7309 Old York Road
Elkins Park, PA 19027
(215) 782-9100 Fax: (215) 782-9113

June 24, 2002

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

RE: FOX-C, INC.


To Whom It May Concern;

Enclosed please find the completed application for Incorporation for the above referenced client, along with the proper processing fee.

As account representative for **FOX-C, INC.**, I would like to request that all documents upon execution be forwarded to our office at the address noted above.

If there are any questions or concerns, please call.

Sincerely,
PASCHAL & ASSOCIATES, INC.



Sharon M. Paschal
President/C.E.O.

SMP/corpapp

cc: file

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:

FOX-C, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

701 NW 141ST AVE., APT. 211
PEMBROKE PINES, FL 33028

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SPA & SALON

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):

LISA FOXWORTH-CUMMINGS
701 NW 141ST AVE., APT. 211
PEMBROKE PINES, FL. 33028

TAWANDA FOXWORTH
701 NW 141ST AVE., APT. 211
PEMBROKE PINES, FL. 33028

ARTICLE VI REGISTERED AGENT

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

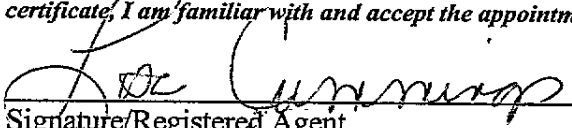
LISA FOXWORTH-CUMMINGS
701 NW 141ST AVE., APT. 211
PEMBROKE PINES, FL. 33028

ARTICLE VII INCORPORATOR

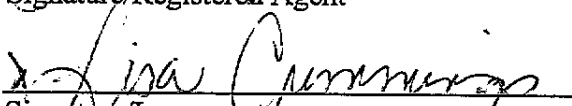
The name and address of the Incorporator is:

LISA FOXWORTH-CUMMINGS
701 NW 141ST AVE., APT. 211
PEMBROKE PINES, FL. 33028

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

6-24-02
Date


Signature/Incorporator

6-24-02
Date

02 JUN 27 AM 10:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED