Department of State Transmittal Letter

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

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SUBJECT:	SISTA'S of FLO	RIDA, INC.		
	(Proposed co	orporate name - must include s	uffix)	
		•		
		•		
Enclosed is an or	riginal and one(1) copy of the arti	cles of incorporation and a	check for:	
₩ \$70.0 Filing Fe	•	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	DIV.
FRO	M: Rosa Cind	POSNER (Printed or typed)		2 OCT -8
		10CE BLVD #	101 J	PH 2: 02
	DELRAY Be	<u>Ach, Fl</u> 3349 , State & Zip	46	
		61.391.1411		

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

Daytime Telephone number

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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.

ARTICLE I NAME

The name of the corporation shall be:

SISTA'S OF FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

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

7380 S. ORIOLE BLUD DECRAY BEACH, FI 33446

ARTICLE III SHARES

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

CHARLONT 340

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ROSALMA POSHER 7380 S. ORIOLE BLVD # 101 N DECRAY BEACH, F1 33446

ARTICLE VINCORPORATOR

Signature/Incorporator

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

ROSALIND POSNER 7380 S. ORIOLE BLUD #101 N

DECRAY BLACK, F1 33446

(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 obligationsyof my position as registered agent

Signature/Registered Agent

A-3.02

Date