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(Business Entity Name)

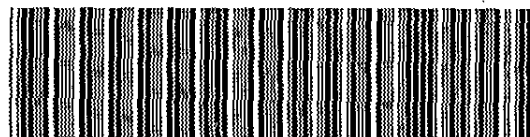
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12/16/02--01063--010 **78.75

TRANSMITTAL LETTER

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

SUBJECT: Fantastic Touch by Ott, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Moore, Hill & Westmoreland, P.A.
Name (Printed or typed)

220 West Garden Street, 9th Floor
Address

Pensacola, Florida 32501
City, State & Zip

(850) 434-3541
Daytime Telephone number

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

**ARTICLES OF INCORPORATION
OF
FANTASTIC TOUCH BY OTT, INC.**

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The undersigned, who desires to form a corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I-NAME

The name of this corporation is **FANTASTIC TOUCH BY OTT, INC.**

ARTICLE-II-DURATION

This corporation shall have perpetual existence commencing on January 1, 2003 at 12:00 A.M. after the filing of these Articles with the Department of State.

ARTICLE III-PURPOSE

This corporation is organized for the purpose of transacting any or all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes, as now exists or may after be amended.

ARTICLE IV-CAPITAL STOCK

This corporation is authorized to issue 1000 shares of One Dollar (\$1.00) par value common stock which shall be designated as "Common Shares."

ARTICLE V- PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation, shall have the right to purchase his *pro-rata share thereof* (as nearly as may be done without issuance of fractional shares) at the prices at which it is offered to others.

ARTICLE VI-INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the principal office of this corporation is 1000 East Cervantes Street, Pensacola, Florida 32501, and the name of the initial registered agent of this corporation at that address is **RATCHANEE SUMMERS**.

ARTICLE VII-INCORPORATORS

The name and address of the Incorporator signing these articles is: Ratchanee Summers, 1000 East Cervantes Street, Pensacola, Florida 32501.

ARTICLE VII – INITIAL BOARD OF DIRECTORS

The initial Board of Directors shall consist of one member. The name and address of the first Board of Directors is:

Ratchanee Summers
1000 East Cervantes Street
Pensacola, Florida 32501

ARTICLE IX-INDEMNIFICATION

The corporation shall indemnify any Officer or Director or any former officer or director, to the full extent permitted by law.

ARTICLE X-AMENDMENT

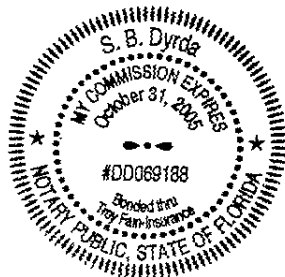
These Articles of Incorporation may be amended in any manner provided by Florida law.

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation on the 10th day of December, 2002.

Ratchanee Summers
RATCHANEE SUMMERS

STATE OF FLORIDA
COUNTY OF ESCAMBIA

The foregoing instrument was acknowledged before me this 10th day of December 2002 by **RATCHANEE SUMMERS**, who is personally known to me or who has produced _____ as identification.



S. B. Dyda
Sarah B. Dyda NOTARY PUBLIC
(Printed Name)

State of Florida at Large

My Commission Expires:

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ACCEPTANCE OF DESIGNATION
OF
REGISTERED AGENT

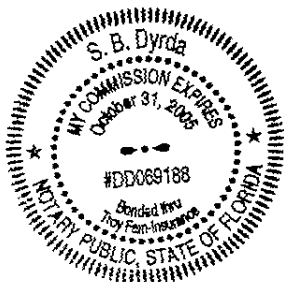
I, Ratchanee Summers, having been named as the Registered Agent to accept service of process for Fantastic Touch by Ott, Inc., a Florida corporation hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper performance of my duties.

Dated: 12/10/02

Ratchanee Summers
RATCHANEE SUMMERS
Registered Agent

STATE OF FLORIDA
COUNTY OF ESCAMBIA

The foregoing instrument was acknowledged before me this 10th day of December 2002 by **RATCHANEE SUMMERS**, who is personally known to me or who has produced _____ as identification.



Sarah B. Dyda
SBDyda NOTARY PUBLIC
(Printed Name)

State of Florida at Large

My Commission Expires: