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TRANSMITTAL LETTER

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

Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	RONNIE S. COX	(Printed or typed)	
-	4180 PADDINGT	••	
	COCOA, FL.	32926 State & Zip	
	321-636-	3898	

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



ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

03 JAN 21 PM 3: 03

ARTICLE I NAME

. The name of the corporation shall be:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CharlOT SPA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3695 MUTTEIL Rd., SUITE#2 ROCKLE49E, FL 32955

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY OR ALL LAWFUL BUSINESS (FULL SERVICE SALO

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

RONNIES, COX, PRES, 4180 PADDINGTON ST. COCOA, FL 32926 DRUILLE L. COX, SEC. -TREAS. 4180 PADDINGTON ST. COCOA, FC. 32926

ARTICLE VI REGISTERED AGENT

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

RONNIES, COX 3695 MURRELL Rd, ROCKLEGGE, FL 32986

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ORVILLE L. COX

HI80 PADDINGTON St. COCOA, FC 32926

Havipg been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificale, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

RONNIES, COX

1-15-02 Date

Signature/Incorporator

ORVILLE L. COX

01-15-03 Date