

P03000058270

(Requestor's Name)

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(City/State/Zip/Phone #)

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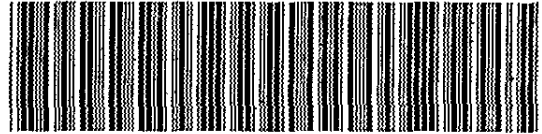
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
03 MAY 19 PM 2:43

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F. CHESSEN

MAY 27

TRANSMITTAL LETTER

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

SUBJECT: The Limelight Spa, Inc. DBA: The Limelight
(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
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: Berenice & Antonio Mesa
Name (Printed or typed)

18539 Kingbird Drive
Address

Lutz, FL 33558
City, State & Zip

(813) 962-8297
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 7, 2003

BERENICE MESA
18539 KINGBIRD DR
LUTZ, FL 33558

SUBJECT: THE LIMELIGHT SPA, INC. DBA LIMELIGHT
Ref. Number: W03000013107

We have received your document for THE LIMELIGHT SPA, INC. DBA LIMELIGHT and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Corporations may file using only the corporate name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6904.

Freida Chesser
Corporate Specialist
New Filings Section

Letter Number: 503A00028315

**ARTICLES OF INCORPORATION
OF
The Limelight Spa, Inc.**

The undersigned person(s), acting as incorporator(s) of a corporation organized under the laws of Florida, hereby adopt(s) the following Articles of Incorporation:

**ARTICLE I
CORPORATE NAME**

The name of this corporation is The Limelight Spa, Inc.

**ARTICLE II
PRINCIPAL OFFICE**

The mailing address of the corporation's initial principal office is:

18539 Kingbird Drive
Lutz, FL 33558

**ARTICLE III
PURPOSE**

The purpose of the corporation is to engage in any lawful activity permitted by the laws of Florida.

**ARTICLE IV
SHARES**

The total number of shares which the corporation shall have authority to issue is 200 shares with a par value of \$1.00 per share.

**ARTICLE V
REGISTERED AGENT**

The street address of the corporation's initial registered office and the name of its initial registered agent at such address is:

Berenice Mesa
The Limelight Spa, Inc.
18539 Kingbird Drive
Lutz, FL 33558

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ARTICLE VI
DIRECTORS

Berenice Mesa
18539 Kingbird Drive
Lutz, FL 33558

Antonio Mesa
18539 Kingbird Drive
Lutz, FL 33558

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Certification

I certify that I have read the above Articles of Incorporation and that they are true and correct to the best of my knowledge.

Berenice Mesa
Berenice Mesa, Incorporator
18539 Kingbird Drive
Lutz, FL 33558

Having been named as registered agent and to accept service of process for the above corporation at the place designated in this certificate. I hereby accept the appointment as register agent and agree to act in the capacity. I further agree to comply with the provision of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position and registered agent.

Berenice Mesa
Berenice Mesa, Registered Agent
18539 Kingbird Drive
Lutz, FL 33558

State of Florida, County of Hillsborough, ss:

Subscribed and sworn to (or affirmed) before me this 22nd day of April, 2003.

Melissa A. Blas
Notary Public



Melissa A Blas
My Commission DD022205
Expires May 01 2005