P03000110349

(Requestor's Name)
DANETT E. MARANTE
1414 N.W. 107 Avenue, Suite 305 Miami, FL 33172
, <u>-</u>
(City/State/Zip/Phone #)
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September 17, 2003

Division of Corporations PO Box 6327 Tallahassee, Florida 32314

Re: Divine Touch Spa & Salon, Inc.

Gentlemen:

Enclosed please find check in the amount of \$78.75, for the filing of the attached Corporation.

Please send confirmation of filing to 1414 NW 107 Avenue, Suite 305, Miami, Florida 33172.

If you have any questions, please contact me at (305) 593-9559.

Sincerely,

Danett E. Marante

ARTICLES OF INCORPORATION

03 OCT -3 PH 1:56

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of the Corporation shall be:

DIVINE TOUCH SPA & SALON, INC.

ARTICLE II

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

15730 SW 80 TERRACE MIAMI, FLORIDA 33193

ARTICLE III

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

100 (ONE HUNDRED)

ARTICES IV

The name and address of the initial registered agent is:

RAUL TORNES 15730 SW 80 TERRACE MIAMI, FLORIDA 33193

ARTICLE V

The name and street address of the Incorporator to these Articles of Incorporation is:

SENIA TORNES 15730 SW 80 TERRACE MIAMI, FLORIDA 33193 Page two DIVINE TOUCH SPA & SALON, INC.

The undersigned incorporator has executed these Articles of Incorporation this 29 day of August, 2003.

Signature

ARTICLE VI

The name and street address of the director to these articles of Incorporation is:

SENIA TORNES 15730 SW 80 TERRACE MIAMI, FLORIDA 33193 **PRESIDENT**

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/ REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent-Signature

CCRETARY OF STATE