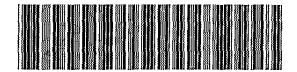
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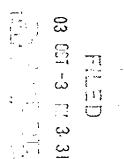
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instituctions to Filing Officer.				

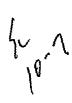




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TRANSMITTAL LETTER

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

SUBJECT:	Perfect Boch	, Spa, INC	٠,	
SUBJECT: Perfect Body Spa, 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	\$78.75	\$87.50	
Filing Fee		Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of Status	
	ADDITIONAL COPY REQUIRED			
FROM: Dr Anna Lee Kitay Name (Printed or typed)				
	Name (Printed or typed)			
QUA 5 T T 1 \$ 707				
940 Sweetwater Lane # 201				
Vanices				
Borg Rotton FL 3343 1				
-	Boca Ration FL 3343 1 City, State & Zip			
C1: 720-1007				
56 i - 620 - 600 7 Daytime Telephone number				
	Daytime releptione number			

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)

ARTICLE I NAME

The name of the corporation shall be:

Perfect Body Spa, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

120 NE 2rd ST BOCA RETUR, FL 33431

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR Profet corporation

ARTICLE IV SHARES

The number of shares of stock is:

1000 Shs

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Dr Annalee Kitay 940 Sweetwater Lane, Stezol Boea Raton, FL 33431

Adriane Souta Halluc 940 Sweetwater Lane # 16 Boca Raton, FL 33431

ARTICLE VI REGISTERED AGENT

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

Dr Annalee KiTay 940 Sweet water Lane, # 201 Boca Rator, FL 33431

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Grassano Accounting. A Division of Gersile Rosen & Associates, P.A. 900 North Federal Highway STE 160 BOCA RATOR FL 33432

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