P04000109754

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





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TRANSMITTAL LETTER

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

SUBJECT: TLR in	corporated		
Enclosed are an ori	(PROPOSED CORPORA	icles of incomposition and	
☑ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: Ta	ımara L. Roach, President		
	Name	(Printed or typed)	
	1901 Clifford Street Unit 704		
		Address	
	Fort Myers, FL 33901		
	City	, State & Zip	
	239-887-4444		
	Daytime 7	Celephone number	

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 14, 2004

TAMARA L. ROACH 1901 CLIFFORD STREET UNIT 704 FT. MYERS, FL 33901

SUBJECT: TLR INCORPORATED Ref. Number: W04000026956

We have received your document for TLR INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6965.

Dorine Martin Document Specialist New Filings Section

Letter Number: 204A00044923

ARTICLE'S OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

-FLR incorporated tam lynra Incorporated

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1901 Clifford Street

Unit 704

Fort Myers, FL 33901

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Provide management and consulting services for a day spa.

ARTICLE IV SHARES

The number of shares of stock is:

10,000

INITIAL OFFICERS AND/OR DIRECTORS

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

Tamara L. Roach, President

1901 Clifford Street

Unit 704

Fort Myers, FL 33901

Roland T. Harris, III, Secretary/Treasurer

1901 Clifford Street

Unit 704

Fort Myers, FL 33901

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Tamara L. Roach 1901 Clifford Street Unit 704

Fort Myers, FL 33901

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tamara L. Roach 1901 Clifford Street Unit 704

Fort Mvers, FL 33901

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

Signature/Registered Agent

Signature/Incorporator