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(Requestor's Name)				
(Address)				
(Address)				
(
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Social Manual)				
Codification of Order				
Certified Copies 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

	(I KOI OSED COKI OKA	TE NAME - <u>MOSA INCL</u>	ODE SUFFIX)	[*]
Enclosed are an orig	inal and one (1) copy of the art	icles 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	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: £	TYACINTH ON Name	CHARMATNS M	lurris-Fowle	K
-	1381 SUNS	T STRIP Address	- 	· · · · · · · · · · · · · · · · · · ·
-	SUNESSE The	333/3 State & Zip		01:15 04:5
	954 5870144 Daytime	L Telephone number		SEP 10 PH 2

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be:
CHARM'S TOUCH of ELEGANCE, INC
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1381 SUNSET STRIF SUNRISE H- 33313 ARTICLE III PURPOSE The purpose for which the corporation is organized is: BEAUTY RAPLOK
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): HYACENTH C MORRES-FOWLER, PRESIDENT
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: HUMACTNIH C NIGHETS - FOWLEK 71744 N-W 49th 8 West ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
HURCINTH & MOURTS - FOWLER 1381 SUNSET STYLE ***********************************
Signature/Registered Agent Date

ARTICLES OF INCORPORATION

Signature/Incorporator