

P04000132147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

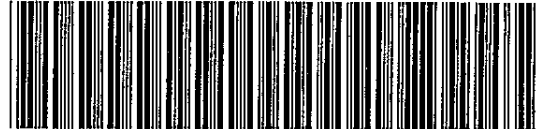
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09-21-04
10/12/04

TRANSMITTAL LETTER

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

SUBJECT: AROMAGIA⁶ Relax Center Corp.
(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: NORMA FAJARDO
Name (Printed or typed)

13381 SW 42st
Address

MIAMI FLORIDA 33175
City, State & Zip

305-551-0111
Daytime Telephone 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:

AROMAGIA RELAX CENTER CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

13381 SW 42st MIAMI Florida 33175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

AROMA therapy

ARTICLE IV SHARES

The number of shares of stock is:

500 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

NORMA FAJARDO - President/V.P.
13381 SW 42st
MIAMI Florida 33175

ARTICLE VI REGISTERED AGENT

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

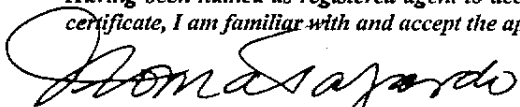
NORMA FAJARDO
13381 SW 42st MIAMI FL 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MIRIAM E. GONZALEZ
13381 SW 42st MIAMI FL 33175

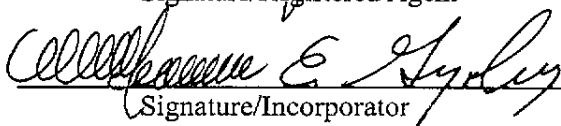
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

9/12/04

Date



Signature/Incorporator

9/12/04

Date

FILED

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CLERK OF STATE
TALLAHASSEE, FLORIDA