

PO4000138537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

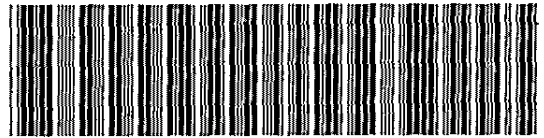
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/06/04

## TRANSMITTAL LETTER

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

SUBJECT: Finesse Facial 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  
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: Anna M. Goode

Name (Printed or typed)

1803 Greystone Heights Drive

Address

Valrico, FL. 33594

City, State & Zip

813-661-6172

Daytime Telephone number

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

04 OCT - 5 AM 11:54

## 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:

Finesse Facial Spa, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

604 Lithia Pinecrest Road  
Brandon, FL. 33511

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Facial services

### ARTICLE IV SHARES

The number of shares of stock is:

500 (# of Authorized Shares)

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Anna M. Goode, Pres.  
1803 Greystone Heights Drive  
Valrico, FL. 33594

### ARTICLE VI REGISTERED AGENT

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

Anna M. Goode  
604 Lithia Pinecrest Road  
Brandon, FL. 33511

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Anna M. Goode, Pres.  
1803 Greystone Heights Drive  
Valrico, FL. 33594

\*\*\*\*\*

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

Anna M. Goode

Signature/Registered Agent

4 Oct 04

Date

Anna M. Goode

Signature/Incorporator

4 Oct 04

Date

04 OCT - 5 PM 11:55