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(Requestor's Name)

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(City/State/Zip/Phone #)

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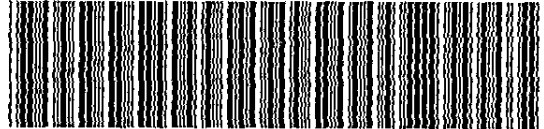
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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105-35171

T. Hampton AUG 26 2005

## TRANSMITTAL LETTER

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

SUBJECT: GML, 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: RISELE M. LAPOINTE  
Name (Printed or typed)

66 CARRIAGE HILL CR.  
Address

CASSELBERRY, FL 32707  
City, State & Zip

407-492-5381  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 11, 2005

GISELE M LAPOINTE  
66 CARRIAGE HILL CIR  
CASSELBERRY, FL 32707

SUBJECT: GML, INC.  
Ref. Number: W05000038131

RECEIVED  
05 AUG 25 AM 10 00  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for GML, INC. and your check(s) totaling \$87.50. 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.**

The document number of the name conflict is S22326 (GML INCORPORATED).

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) 245-6855.

Tammy Hampton  
Document Specialist  
New Filings Section

Letter Number: 105A00051645

**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:

~~GML, INC.~~ SALON IN THE TROPICS, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

66 CARRIAGE HILL CR.  
CASSELBERRY, FL 32707

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO CONDUCT SALON BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

GISELE M. LAPOINTE - PRESIDENT  
66 CARRIAGE HILL CIR,  
CASSELBERRY, FL 32707

**ARTICLE VI REGISTERED AGENT**

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

GISELE M. LAPOINTE  
66 CARRIAGE HILL CIR,  
CASSELBERRY, FL 32707

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

GISELE M. LAPOINTE  
66 CARRIAGE HILL CIR  
CASSELBERRY, FL 32707

\*\*\*\*\*  
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

Gisele M. Lapointe  
Signature/Registered Agent

8-8-05  
Date

Gisele M. Lapointe  
Signature/Incorporator

8-8-05  
Date

2005 AUG 25 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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