Florida Department of State

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Division of Corporations

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From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516) 935-3940 Fax Number : (516) 935-3088

FLORIDA PROFIT/NON PROFIT CORPORATION

Suzannes Day Spa Inc.

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Certificate of Status	1
Certified Copy	0
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5/9/2007

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SUZANNES DAY SPA INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

SUZANNES DAY SPA INC. 1355 W. Palmetto Park Road #297 Boca Raton, FL 33486 2007 HAY -9 AM 11: 27
SECRETARY OF STATE
SECRETARY OF STATE

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at \$1,00 Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS. The name and address of the initial registered agent is:

Adam Lynch 5117 N. Dixle Highway Deerfield Beach, FL 33064

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(cs) and title(s) to these Articles of Incorporation is(are):

Jessica Tate - President/Director 1355 W. Palmetto Park Road #297 Boca Raton, FL 33486

ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Jessica Tate 1355 W. Palmetto Park Road #297 Boca Raton, FL 33486

.The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

_9th __ day of _ May __ 2007.

Jessica Tate - Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

1. The name of the corporation is: SUZANNES DAY SPA INC.

Adam Lynch SIGNATURE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

	Adam Lynch
	Name
	5117 N. Dixie Highway
	(P.O. Box or Mail Brop Box NOT Acceptable)
	Decrfield Beach, FL 33064
	(City / State / Zip)
pration at the place designated and agree to act in this capa ng to the proper and complet	agent and to accept service of process for the above stated d in this certificate. I hereby accept the appointment as registered acity. I further agree to comply with the provisions of all the statutes to performance of my duties, and am familiar with and accept the tered agent.

May 9, 2007 (Date)