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(Re	equestor's Name)	,
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	<del>&gt;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Da	ocument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Onl	



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2007 MAY TO PN 3: 2:
SECRETARY OF STATE

T. Buren HAY 11 2006

## **COVER LETTER**

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

SUBJECT: C	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	The
Enclosed are an orig	sinal and one (1) copy of the arti	cles of incorporation and	I 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 PPY REQUIRED	
FROM:	ARTHUR Name  916 LAKE	(Printed or typed)  About  Address	NONS CONS DEIVE	
	Green Cove	radi C33	F 32043	

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

Daytime Telephone number

## ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) The name of the corporation shall be: ELECANT LAXY FACIAL AND HAND TREATMENT CENTER IN ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 916 LAKE ASBURY DRIVE Green COVE Springs, TE 30003 ARTICLE III PURPOSE The purpose for which the corporation is organized is: FACIAL and NAIL CARE BUSINESS ARTICLE IV SHARES 10 The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS ARTHUR W. CLEMONS, PRESIDENT / TREASURER LINDA C. CLEMONS, VICE PRESIDENT , SECRETARY 914 LAKE ABBURY DRIVE GREN CON SPringo, TE 32023 List name(s), address(es) and specific title(s): ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: LINDA C. CHEMONS DENVE 914 LAKE ABBURG DENVE Green COVE SPring FE 20083 ARTICLE VII INCORPORATOR The <u>name and address</u> of the Incorporator is: 916 LAKE ASBURY SKIVE Green COVE SPINSO, FROLLOR 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 #- / -07 Date

4-1-07 Date