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SECRETARY OF STATE
ALLAHASSEF, FI ORINA

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COVER LETTER

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

SUBJECT:	Duched By Ange	of Salow and Si	sa.INC
	(PROPOSED CORPORA	TE NAME – <u>MUST INCE</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	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:	Florangel DE L	A ROSA	
1 KOM	Name	(Printed or typed)	
	2191 NW 84	Address J	
	Sunnise	F1 33327 , State & Zip	
	G&U g.	94 2201 Telephone number	

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be:
Touched By Angel Salon and Spa. Inc
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:
1804-DN. University DRive Plantation, FL 333ZZ
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Salon and SPa
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):
Sprange / De la Rosa President

ARTICLES OF INCORPORATION

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
7/9/ N. W 84 Way SUNCISE FL 33372 Florangel De la Rosa
ARTICLE VII INCORPORATOR
The <u>name and address</u> of the Incorporator is:
Tolorange De La Rosa 2191 NW 84 Way, Sunrise, Fl. 33322

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 1-24-08 Date
Stocange De la Rosa 1-24-08
Signature/Incorporator Date