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☐ PICK-UP	WAIT . MAIL	
(Business Entity Name)		
(Doc	cument Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
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	Office Use Only	



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COVER LETTER

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

SUBJECT:	Secret Beauty & Spa, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INC</u> I	LUDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l 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 PY REQUIRED
FROM:	Violeta S Name (Samantha Boily (Printed or typed)	
	2160 NW 82nd way Address		
		Florida 33322 State & Zip	
		687-6094 Telephone number	

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

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2009 JAN -2 PH 4: 20

SECKLIARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Secret Beauty & Spa, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

831 N Federal Hwy suite C Fort Lauderdale, FL 33304

<u>ARTICLE III PURPOSE</u>

The purpose for which the corporation is organized is:

Any And All Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 1000 shares @ 1.00 PAR

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Violeta Samantha Boily President

2160 NW 82nd way Sunrise, FL 33322

ARTICLE VI REGISTERED AGENT

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

Violeta Samantha Boily 2160 NW 82nd way Sunrise, FL 33322

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Violeta Samantha Boily 2160 NW 82nd 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 | Date | Date

Signature/Incorporator

Date