

P09000027132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2553-Left
W09-12595



FIELD
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2009 MAR 25 AM 8:43

f 3/24/09

COVER LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2009 MAR 25 AM 8:43

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

SUBJECT: Tropical Paradise Spa, 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: Christine Wood

Name (Printed or typed)

12117 Sandy Run Rd.

Address

Jupiter, FL 33478

City, State & Zip

561-401-7234

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
DIVISION OF CORPORATION

2009 MAR 25 AM 8:43

March 17, 2009

CHRISTINE WOOD
12117 SANDY RUN ROAD
JUPITER, FL 33478

SUBJECT: TROPICAL PARADISE SPA, INC.
Ref. Number: W09000012595

We have received your document for TROPICAL PARADISE SPA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return the corrected 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) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 309A00009087

RECEIVED
DEPARTMENT OF STATE
09 MAR 25 AM 11:08

ARTICLES OF INCORPORATION

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

2009 MAR 25 AM 8:43

ARTICLE I NAME

The name of the corporation shall be:

Tropical Paradise Spa, Inc.

ARTICLE II PRINCIPAL OFFICE

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

12117 Sandy Run Rd.
Jupiter, FL 33478

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Mobile Spa

ARTICLE IV SHARES

The number of shares of stock is:

1,000 at \$0.01 each

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Christine Wood, President
12117 Sandy Run Rd.
Jupiter, FL 33478

ARTICLE VI REGISTERED AGENT

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

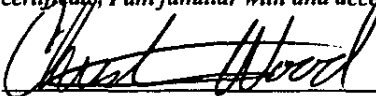
Christine Wood
12117 Sandy Run Rd.
Jupiter FL 33478

ARTICLE VII INCORPORATOR

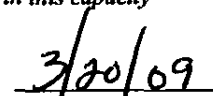
The name and address of the Incorporator is:

Christine Wood
12117 Sandy Run Rd.
Jupiter, FL 33478

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



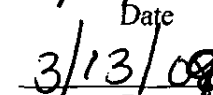
Signature/Registered Agent



Date



Signature/Incorporator



Date