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(Requestor's Name)				
(Add	dress)			
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(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
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Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

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

BJECT:	CHARSPA INC			
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
closed are an ori	iginal and one (1) copy of the art	ticles of incorporation and	d a check for:	
/				\Box
	\$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy		
			& Certificate	of
		ADDITIONAL CO	Status	
		ADDITIONAL COPY REQUIRE		'
·	Nam 2463 PLUMADOR	e (Printed or typed) E DRUE		2010 JUL 12
		Address	で	=
	0 -		四三	2
	GRAND ISLAND,	PL 32735	-4-7	U
	City	, State & Zip	27	ら
	954-815-8628		es in	29
_		Telephone number		
	•	,		
	hibberta@live.	can y		
	E-mail address: (to be use	ed for future annual report	notification)	

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 29, 2010

CHARMAINE HIBBERT 2463 PLUMADORE DRIVE GRAND ISLAND, FL 32735

SUBJECT: CHARSPA INC. Ref. Number: W10000031018

We have received your document for CHARSPA INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and street address must be consistent wherever it appears in your document.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If you have any further questions concerning your document, please call (850) 245-6869.

Christine Haney Senior Clerk New Filing Section

Letter Number: 710A00015936

Division of Companytions D.O. DOV 6207 Tollahornes Florida 2021

ARTICLES OF INCORPORATION Le compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
• •	
ARTICLE I NAME The name of the corporation shall be:	
•	
CHARSPA INC.	
ARTICLE II PRINCIPAL OFFICE	
The principal <u>street</u> address and mailing address, if different is:	••
2463 PLUMADORE DRIVE	
GRAND ISLAND, FL. 32735	TILE 12
ARTICLE III PURPOSE	35
The purpose for which the corporation is organized is:	STREET PO
Sales - Skin Care	2: 29 5: TATE
ARTICLE IV SHARES	
The number of shares of stock is: /OO	•
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	Out of Td 2 30035
Charmaine Hibbert, 2463 Plumadore Drive,	Wards 251., (1. 32/3)
Owner + President	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the registress of t	tered agent is:
Charmaine Hibbert	
Charmaine Hibbert Drive, Grand Island,	A. 52155
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Michael tilbbert EA Hibbert Acct, Services	
2463 Phinadore Drive, Grand Island,	P. 22935
**************************************	********
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 appo	intment as registered agent and
agree to act in this capacity	
Cubber	6/15/10
Afstenature/Registered Agent	Date
Effiller VO	6/15/10
Signature/Incorporator	Date