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(Business Entity Name)

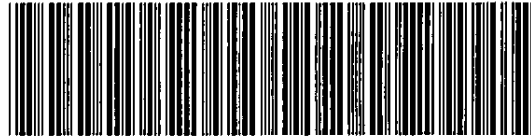
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11 FEB 14 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

121

RECEIVED

11 FEB 11 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 18, 2011

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


Dear Sir or Madam:

Enclosed please find the following documents:

1. An original and one copy of the articles of incorporation for T.A.G. Salon Services, Inc.;
2. Application for Registration of Fictitious Name canceling the original registration (with the original application enclosed) and re-registering to T.A.G. Salon Services, Inc.

Please note that in February, 2010 Anthony D'Angelo filed Articles of Dissolution on behalf of T.A.G. Salon Services LLC. In March, 2010 Mr. D'Angelo attempted to revoke the dissolution and sent in payment of \$100 (enclosed is a copy of this payment). Apparently the dissolution was not properly revoked. Therefore, please apply the \$100 payment to the following: Filing Fee for Articles of Incorporation for T.A.G. Salon Services, Inc. together with payment for a certificate of status and to the registration fee for the fictitious name transfer. I have enclosed a check for \$28.75 to cover the balance. Please telephone me at 239-287-7212 if you have any questions. Thank you for your assistance.

949-6800



Ronnie Riotto

COVER LETTER

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

SUBJECT: T.A.G. Salon Services, 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: Ronnie Riotto

Name (Printed or typed)

4450 Bonita Beach Road

Address

Bonita Springs

Florida

34134

City, State & Zip

239-287-7212 949-6800

Daytime Telephone number

nu.u.salonspa@gmail.com

E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

APPROVED
AND
FILED

ARTICLE I NAME T.A.G. Salon Services, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
4450 Bonita Beach Road
Bonita Springs, Florida 34134

11 FEB 14 PM 3:23
Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose for which the corporation is organized is to engage or transact in any or all lawful activities or business permitted by the professional services of a hair and nail salon under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE IV SHARES

The number of shares of stock is: One Hundred shares of common stock having One Cent (\$0.01) par value per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ronnie Riotto
Address: 4450 Bonita Beach Road
Bonita Springs, Florida 34134

Name and Title: Aurora Zylaya
Address: 4450 Bonita Beach Road
Bonita Springs, Florida 34134

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Ronnie Riotto
Address: 4450 Bonita Beach Road
Bonita Springs, Florida 34134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ronnie Riotto
Address: 4450 Bonita Beach Road
Bonita Springs, Florida 34134

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]
Required Signature/Registered Agent

2/5/2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature/Incorporator

2/5/2011
Date