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COVER LETTER

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

SUBJECT: CENTRO DE ESTETICA SECRETS A MAGICAL TOUCH, 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: NOHORA PATRICIA TRIANA
Name (Printed or typed)

3249 W. CYPRESS ST., SUITE C
Address

TAMPA, FLORIDA 33607
City, State & Zip

Daytime Telephone number

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)

ARTICLE I NAME
The name of the corporation shall be: CENTRO DE ESTETICA SECRETS A MAGICAL TOUCH, INC

ARTICLE II PRINCIPAL OFFICE

Principal **street** address
3249 W. CYPRESS ST. SUITE C
TAMPA, FLORIDA 33607

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY LAWFUL BUSINESS ACTIVITY

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: N. PATRICIA TRIANA - OWNER
Address: 3249 W. CYPRESS ST., SUITE C
TAMPA, FLORIDA 33607

Name and Title:
Address:

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: N. PATRICIA TRIANA
Address: 3249 W. CYPRESS ST., SUITE C
TAMPA, FL 33607

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ARTICLE VII INCORPORATOR
The **name and address** of the Incorporator is:
Name: N. PATRICIA TRIANA
Address: 3249 W. CYPRESS ST., SUITE C
TAMPA, FLORIDA 33607

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

Required Signature/Registered Agent — Date: 10/24/2011

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.

Required Signature/Incorporator — Date: 10/24/2011