

P12000097126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

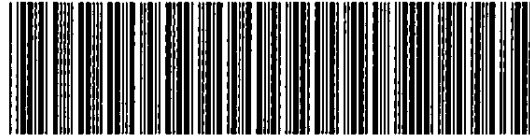
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

J. Shivers NOV 27 2012

COVER LETTER

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

SUBJECT: My Little Princess Spa Party, 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: Enrique Santisteban

Name (Printed or typed)

8004 Northwest 154 Street, #547

Address

Miami Lakes, FL 33016

City, State & Zip

786-447-5638

Daytime Telephone number

exoticrides@live.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)

ARTICLE I NAME

The name of the corporation shall be: **My Little Princess Spa Party, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
My Little Princess Spa Party
9500 Northwest 79th Avenue, #2
Hialeah Gardens, FL 33016

Mailing address, if different is:
My Little Princess Spa Party
8004 Northwest 154 Street, #547
Miami Lakes, FL 33016

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **To conduct business in Florida**

ARTICLE IV SHARES

The number of shares of stock is: **50**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Enrique Santisteban, President
Address: 8004 Northwest 154 Street, #547
Miami Lakes, FL 33016

Name and Title: _____
Address: _____

Name and Title: Arlene Rodriguez, Secretary
Address: 8004 NW 154 Street, #547
Miami Lakes, FL 33016

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: Enrique Santisteban
Address: 8004 Northwest 154 Street, #547
Miami Lakes, FL 33016

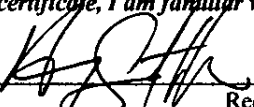
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Enrique Santisteban
Address: 8004 Northwest 154 Street, #547
Miami Lakes, FL 33016

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TALLAHASSEE, FLORIDA

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

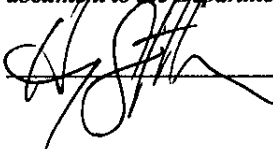


Required Signature/Registered Agent

11-23-12

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.



Required Signature/Incorporator

11-23-12

Date