

P13000002331

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
sanibel beach spa and salon, inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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1/8/13

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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: SANIBEL BEACH SPA AND SALON, INC. 13 JAN -7 AM 10:58

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1489 CENTER STREET

SANIBEL, FL 33957

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 1000 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSEPHINE C. CROWN

Name and Title: PRESIDENT

Address: 1489 CENTER STREET  
SANIBEL, FL 33957

Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_  
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Address: \_\_\_\_\_  
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EMPIRE CORP

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(cont.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

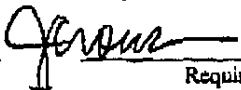
Name: JOSEPHINE C. CROWN  
Address: 1489 CENTER STREET  
SANIBEL, FL 33957

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOSEPHINE C. CROWN  
Address: 1489 CENTER STREET  
SANIBEL, FL 33957

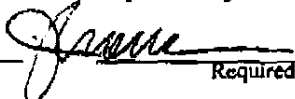
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
Required Signature/Registered Agent

1/7/2013

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

1/7/2013

Date

13 JAN - 7 AM 10: 58  
SECTION OF STATE  
DEPARTMENT OF REVENUE  
SANIBEL, FL 33957