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(Business Entity Name)

(Document Number)

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W14-28807



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05/02/14--01017--004 \*\*105.00

14 JUN -2 PM 12:49

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14 MAY 19 AM 11:40

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6-2-14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 21, 2014

NATALIE L. TWIGG  
5040 CLARK ROAD  
SARASOTA, FL 34233

SUBJECT: SPA ALEXAUNA, INC  
Ref. Number: W14000028807

We have received your document for SPA ALEXAUNA, INC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert  
Regulatory Specialist II  
New Filing Section

Letter Number: 514A00009728

**COVER LETTER**

**TO:** Charter Section  
Division of Corporations

**SUBJECT:** Spa AlexAuna, Inc.  
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Natalie L. Twigg  
Contact Person

Spa AlexAuna, Inc.  
Firm/Company

5040 Clark Rd.  
Address

Sarasota, FL 34233  
City, State and Zip Code

Spaalexaua@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natalie L. Twigg at (941) 921-3800  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$105.00 Filing Fees    ☐ \$113.75 Filing Fees and Certificate of Status    ☐ \$113.75 Filing Fees and Certified Copy    ☐ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
New Filings Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
New Filings Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**ARTICLES OF INCORPORATION**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
JUN-2 PM 12:42

**ARTICLE I NAME**

The name of the corporation shall be: Spa AlexAuna, Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address

Mailing address, if different is:

5040 Clark Rd.  
Sarasota, FL 34233

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Spa and Salon Services

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Natalie L. Twigg

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

Address: 5347 Mang Place  
Sarasota, FL 34238

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

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

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

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

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

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: Natalie L. Twigg

Address: 5347 Mang Place  
Sarasota, FL 34238

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Natalie Twigg  
Address: 5347 Mang Place  
Sarasota, FL 34238

\*\*\*\*\*

*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*

Natalie Twigg  
Required Signature/Registered Agent

4/28/14  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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.*

Natalie Twigg  
Required Signature/Incorporator

4/28/14  
Date