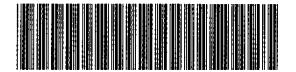
# P15000035719

(Requestor's Name)		
•		
(Address)		
(Address)		
(100.555)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
, ,		
(Document Number)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
, ,		





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# **COVER LETTER**

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

SUBJECT: <u>La</u> C			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the a	rticles of incorporation a	and a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status
FROM:	CLAUDIA SALVI		
	Name	e (Printed or typed)	
	6202 N State Road 7	Unit 106	
Address			
<del></del>	Coconut Creek, FL 33073		·
	City,	State & Zip	
	754-600-8918		
	Daytime T	elephone number	

E mail address (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
Liliclau050vahoo com

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

### ARTICLES OF INCORPORATION

	ANTICLES OF INCOME		
	In compliance with Chapter 607 and/or Ch	napter 621, F.S. (Profit)	ALL SECTION
ARTICLE I	NAME		LAH R
	e corporation shall be:LaQua Spa, Inc.		SS. T
ARTICLE II			
	Principal street address	Mailing address, i	f dimeent is:
6202 N	State Road 7		<b>₽</b>
Unit 10			
Сосоп	ut Creek, FL 33073	70.000000000000000000000000000000000000	
		-	
The purpose for	which the corporation is organized is:ANY AND	ALL LAWFULL BUSINESS	
	arranna		
ARTICLE IV	SHARES		
THE DUMBER OF S	shares of stock is: ONE		

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CLA	UDIA SALVI, PRESIDENT	Name and Title:
Address	6202 N State Road 7 Unit 106	Address:
	Coconut Creek, FL 33073	
Name and Title	<u> </u>	Name and Title:
Address		Address:
Name and Title	:	Name and Title:
Address		Address:
		(conti.)
Name and Title	:	Name and Title:
Address		Address:
ARTICLE VI REC	···	hia) of the resistance exert in
	street address (P.O. Box NOT accepta	ore) of the registered agent is:
Name: CL	AUDIA SALUI	
Address: 6	202 N STATE ROAD 7 UNIT	106
Co	CONUT CREEK, FL 33073	

# ARTICLE VII INCORPORATOR

The name and ad	dress of the Incorporator is:				
Name:	CLAUDIA SALVI				
Address:	6202 N State Road 7 Unit 106				
	Coconut Creek, FL 33073				
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					
	Allume VV	24MAR2015			
	Required Signature/Registered Agent	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/Incorporator24	Chima M.			