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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 : WILSON TAX & ACCOUNTING INC.
Account Number : I20150000107
Phone : (941)625-1925
Fax Number : (941)625-1526

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

Email Address: Lindsay@taxsaverstl.net

FLORIDA PROFIT/NON PROFIT CORPORATION
SOuthern Elegance Day Spa, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

T. BURCH

Electronic Filing Menu

Corporate Filing Menu

Help 5 2016

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: Southern Elegance Day Spa, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3036 Tamiami Tr Ste D

Port Charlotte, FL 33952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Diana Reeves

President

Name and Title: _____

Address: 257 Montelluna Dr

Address: _____

North Venice, FL 34275

Name and Title: _____

Name and Title: _____

Address: _____

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: Diana Reeves
Address: 257 Montelluna Dr
North Venice, FL 34275

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Diana Reeves
Address: 257 Montelluna Dr
North Venice, FL 34275

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Diana Reeves
Required Signature/Registered Agent

10/4/16
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.

Diana Reeves
Required Signature/Incorporator

10/4/16
Date

16 OCT -5 PM 4:50
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA