TRANSMITTAL LETTER

FILED CRETARY OF STATE

97 MAY 30 AM 9:44

P970000 47715

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

THE COLOR Coach, INC.
(Proposed corporate name Inust include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

- \$70.00 Filing Fee
- \$78.75
- Filing Fee
- & Certificate
- \$122.50
- Filing Fee
- & Certified Copy
- \$131.25
 - Filing Fee,
 - Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: JIII DIFECTE + SALVATORE DIFECTE
Name (Printed or typed)

1581 NW96 Avenue

Pembroke Pines FL. 33024 City, State & Zip

(954) 436 - 1535 Davtime Telephone number



ARTICLES OF INCORPORATION

97 MAY 30 AM 9: 44

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

	ARTICLE	I	NAME
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The name of the corporation shall be:

The Color Coach, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1581 NW 96 Avenue PembrokePINes, FL 33024

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

JILL DIFERE SALVATORE DIFERE 1581 NW 96 Avenue Pembroke PiNes, FL 33024

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

JILL Difede /salvatore Difede 1581 NW 96 AvenUE

Pembroke Pines, Fl 33024

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered partit

JW DI heal Signature/Registered Agent

5-21-971