

P970000.56662

TRANSMITTAL LETTER

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

900002224109--6
-06/26/97--01086--016
*****70.00 *****70.00

SUBJECT: Wink Inc - Treatment + Cosmetic
(Proposed corporate name - must include suffix)

FILED
97 JUN 26 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Kathleen Daniels
Name (Printed or typed)

8410 Sherman Circle N H407
Address

Miramar, Florida 33025
City, State & Zip

(954) 450-8838
Daytime Telephone number

P. CHANDLER JUN 27 1997

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

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be:

Wink Inc. - Treatment + Cosmetic

ARTICLE II PRINCIPAL OFFICE

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

Diva Hair + Nails
7177 West Broward Blvd
Plantation, FL 33324

ARTICLE III SHARES

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

1

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

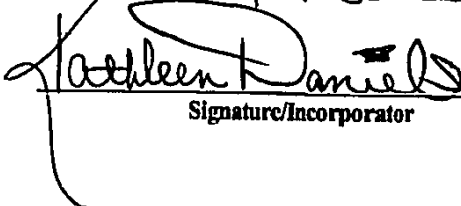
The name and Florida street address of the initial registered agent are:

Kathleen Daniels - 8410 Sherman Circle N. H407
Miramar, FL 33025

ARTICLE V INCORPORATOR

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

Kathleen Daniels
8410 Sherman Circle N H407
Miramar, FL 33025



Signature/Incorporator

6/23/97

Date

(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 agent



Signature/Registered Agent

6/23/97

Date