## TRANSMITTAL LETTER DIV

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

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			-01/20/98 ****122.50
SUBJECT:	EURO ESTHETICS  (Proposed corp.)	CluB, Luc. orate name - must include sur	ffix)
	(a reposed eexp		
Enclosed is an original	and one(1) copy of the articl	es 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 CO	PY REQUIRED
FROM: _	MORAYMA LODEZ- Name (		
	Name (	Printed or typed)	
	12694 NW 11 Ya	ul	
		Address	
	MIAMI PI	33182	
- . <b>e</b> ≥	MIAMI PI City	, State & Zip	
	305- <b>55</b> 1	1-0056	
_	Daytime	Telephone number	

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





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 - The name of the corporation shall be: EURO ESTHETICS CLUB, Inc.

ARTICLE II- The principal place of business and mailing of this corporation shall be:

Street Address: EURO ESTHETICS CLUB, Inc. 12694 N.W. 11 Lane Miami, Florida 33182 Mailing Address: EURO ESTHETICS CLUB, Inc. P.O. BOX 450156 MIAMI, FLORIDA 33245-0156

ARTICLE III - The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares, having a FIVE DOLLARS (5.00)par value each.

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

MORAYMA A. LOPEZ 12694 N.W. 11 LANE MIAMI, FLORIDA 33182

ARTICLE V- The name and address of the incorporator to these Articles of Incorporation are: MORAYMA LOPEZ

12694 N.W. 11 LANE MIAMI, FLORIDA 33182

Signature / Incorporator

Date

Having been named as registed 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 provision 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

Date