

**P98000100276**

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

SUBJECT: Debbie's Day Spa & Salon, Inc.

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 REQUESTED

FROM: Debra Kresge

126 Marshside Drive

St. Augustine, Florida 32084

100002696351--1

-11/25/98--01038--003

\*\*\*\*122.50 \*\*\*\*\*78.75

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

ajc  
12/3

## 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.

### ARTICLE I NAME

The name of the corporation shall be:

Debbie's Day Spa & Salon, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

126 Marshside Drive  
St. Augustine, Florida 32084

### 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

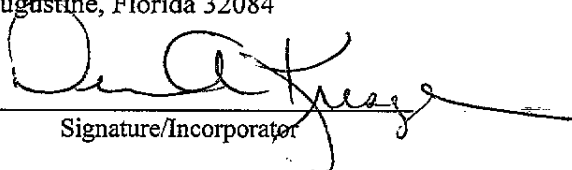
The name and Florida street address of the initial registered agent are:

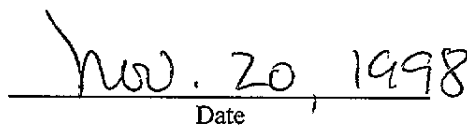
Debra Kresge  
126 Marshside Drive  
St. Augustine, Florida 32084

### ARTICLE V INCORPORATOR

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

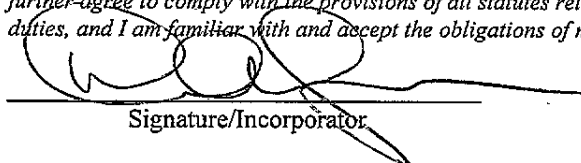
Debra Kresge  
126 Marshside Drive  
St. Augustine, Florida 32084

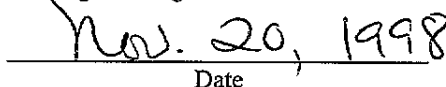
  
Signature/Incorporator

  
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/Incorporator

  
Date

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TALLAHASSEE, FLORIDA

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