

TRANSMITTAL LETTER

P990000049325

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

SUBJECT: Body Spa One Products INC.
(Proposed corporate name - must include suffix)

500002886695--7
-05/26/99--01017--009
*****78.75 *****78.75

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
copy

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

I was told that this price
has been lowered to \$78.75

FROM:

Chris Angelini

Name (Printed or typed)

108 South Miami Ave

Address

MIAMI FL 33130

City, State & Zip

(305) 895-9645

Daytime Telephone number

Suite 300

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 MAY 26 PM 3:47

FILED

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

ajc
6/11

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:

Body Spa One Products Inc

ARTICLE II PRINCIPAL OFFICE

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

108 South Miami Ave Suite 300
MIAMI, FL 33130

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Chris Angelini
888 Brickell Key Drive #605
MIAMI, FL 33131

ARTICLE V INCORPORATOR

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

Chris Angelini
888 Brickell Key Drive #605
MIAMI, FL 33131



Signature/Incorporator

4/9/99

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

4/9/99

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA