

TRANSMITTAL LETTER

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

P99000053985

Subject: BODY WRAP MASTERS, INC.
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for \$70.00

FROM:

STEPHANIE COUSER
(Name (printed or typed))

5441 CHICORA DR.
(Street)

JACKSONVILLE, FL 32258
(City, State, Zip)

904-292-3092
(Telephone Number)

Note: enclosed is the original and one copy of the Articles

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*****70.00 *****70.00

FILED
99 JUN 14 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. SMITH: JUN 15 1999

ARTICLES OF INCORPORATION
OF

The undersigned incorporator(s) , for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles for Incorporation

ARTICLE I - NAME

The name of the corporation shall be Body Wrap Masters, Inc.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be 5441 CHICORA DR. JAX. FL 32258

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any time is 10000

ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

STEPHANIE COUSER

5441 CHICORA DR. JACKSONVILLE, FL 32258

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TALLAHASSEE, FLORIDA

ARTICLE V - INCORPORATORS

The name and street address of the incorporators of these articles of incorporation are:

NAME

ADDRESS

STEPHANIE COUSER

5441 CHICORA DR. JAX, FL 32258

ARTICLE VI - PURPOSE OF THE CORPORATION

The purpose of the corporation is as follows:

TO DELIVER PERSONAL BEAUTY CARE SERVICES
TO WOMEN AND MEN.

The undersigned incorporators(s) have executed these Articles of
Incorporation this EIGHTH day of JUNE, 1999

(sign)

Stephanie Couser

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida statutes the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: BOOY WRAP MASTERS, INC.

2. The name and address of the registered agent and office is:

STEPHANIE COUSER

5441 CHICORA DR. JACKSONVILLE, FL 32258

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
Date

Stephanie Couser
June 8, 1999

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99 JUN 14 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA