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

Resort Spa Products, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$78.75 \$70.00 Filing Fee Filing Fee

& Certificate of Status

□\$78.75 Filing Fee

\$87.50

& Certified Copy

Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

8111 barden Road, Suite K

561 - 841 - 6448

Daytime Telephone number

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of form	ing a corporation under the Florida
Business Corporation Act, hereby adopts the following	

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AH	ASSEE	OF STATE

ARTICLE I NAME

The name of the corporation shall be:

Resort Spa Products, Inc.

ARTICLE II PRINCIPAL OFFICE

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

8111 barden Road, Suite K Riviera Beach, FL 33404

ARTICLE III SHARES

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

10,000 (Ten Thousand)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Brad Eavenson 8111 Garden Road, Suite K Riviera Beach IFL 33404

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Brad Eavenson 8111 barden Road, Suitek Riviera Beach, FL 33404

ignature Incorporator

8/3/99

(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

Date