

TRANSMITTAL LETTER

P 99 0000 88360

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

100003004481-1
-10/04/99-01109-012
*****87.50 *****87.50

SUBJECT: Salon Venezia Day Spa Inc.
(Proposed corporate name - must include suffix)

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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 OCT -4 AM 1:35

FILED

FROM: Beverly Jobe-Sassano
Name (Printed or typed)

3751 misty Way
Address

Destin, Florida 32541
City, State & Zip

850-650-7977
Daytime Telephone number

EX-118558 OCT 5 1999

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

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:

Salon Venezia & Day Spa, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4421 Commons Drive East Suite B-104
Destin, Fl. 32541

ARTICLE III SHARES

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

ONE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Beverly Jobe Sassano
3751 misty Way
Destin, Florida 32541

ARTICLE V INCORPORATOR

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

Beverly Jobe Sassano
3751 misty Way
Destin, Fl. 32541

Beverly Jobe Sassano
Signature/Incorporator

9/29/99
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

Beverly Jobe Sassano
Signature/Registered Agent

9/29/99
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 OCT -4 AM 1:35

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