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Florida Department of State  
Division of Corporations  
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2019 JUN 18 PM 2:18

FLORIDA PROFIT/NON PROFIT CORPORATION  
BEE BEAUTIFUL MEDSPA, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2019 JUN 18 AM 7:02

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: BEE BEAUTIFUL MEDSPA, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
11865 SW 26 STREET, SUITE C-349

Mailing address, if different is:

MIAMI, FL 33175

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: HEALTH SERVICES, COSMETOLOGY SERVICES, AND ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: BEATRIZ RADZIKOWSKI, PRESIDENT

Name and Title: \_\_\_\_\_

Address 11865 SW 26 STREET SUITE C-349

Address: \_\_\_\_\_

MIAMI, FL 33175, US

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: BEATRIZ RADZIKOWSKY  
 Address: 11865 SW 26 STREET, SUITE C-349  
MIAMI, FL 33175, US

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 19 JUN 19 AM 7:02  
 67410-1103A

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: L & B PROFESSIONAL ASSOCIATES, INC  
 Address: 11865 SW 26 ST, SUITE C-349  
MIAMI, FL 33175

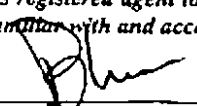
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

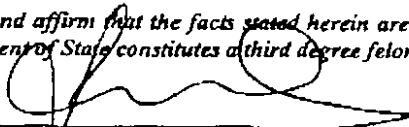
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
 \_\_\_\_\_  
 Required Signature/Registered Agent

06/14/2019  
 \_\_\_\_\_  
 Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
 \_\_\_\_\_  
 Required Signature Incorporator

06/14/2019  
 \_\_\_\_\_  
 Date