

**H23000019354** Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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To:  
 Division of Corporations  
 Fax Number : (850)617-6381

From:  
 Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
 Account Number : I20000000019  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
 IG MEDSPA CORP**

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

2023 7 FEB 27 11:50

23 FEB 27 11:50

### ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

IG Medspa corp.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1091 NW 127 Ct.

Miami FL 33182

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Ivett Gutierrez (p)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

1091 NW 127 Ct

Miami FL 33182

Ivett Gutierrez

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Ivett Gutierrez

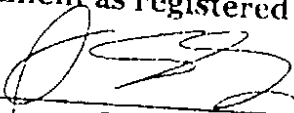
1091 NW 127 Ct

Miami FL 33182

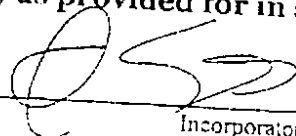
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**Required Signatures:**

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

  
\_\_\_\_\_  
Registered Agent 2/27/23  
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.

  
\_\_\_\_\_  
Incorporator 2/27/23  
Date

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