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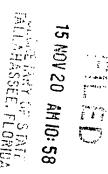
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Special Instructions to Filing Officer:				

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W15-76228

COVER LETTER

TO: Registration Section			
Division of Corporations			
DermalifeUSA Enterprises,	INC.		
SUBJECT:		1	
Name o	f corporation -	must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign Cor "Certificate of Existence," or "Certificate above referenced foreign corporation to tra	of Good Stand	ing" and check are sub	
Please return all correspondence concerning Alex Gonzalez	ng this matter t	o the following:	
	Name of Po	erson	
DermalifeUSA Enterprises, Inc.			
3030 N. Rocky Point Drive, Suite 150 A	Firm/Comp	any	
	Addres	<u> </u>	
Tampa, FL 33607			
	City/State and	l Zip code	
info@dermalifeusa.com	011), 011110 1111		
E-mail address:	(to be used fo	r future annual report n	otification)
		•	,
For further information concerning this ma	atter, please ca	11:	
Alex	407	712-5400	
	at ()	
Name of Person	Area Code	Daytime Teleph	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Enclosed is a check for the following amor	unt:		
□ \$70.00 Filing Fee □ \$78.75 Filing Certificate of		\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 20, 2015

ALEX GONZALEZ 3030 N ROCKY POINTE DRIVE SUITE 150 A TAMPA, FL 33607 US

SUBJECT: DERMALIFEUSA ENTERPRISES, INC.

Ref. Number: W15000076228

We have received your document for DERMALIFEUSA ENTERPRISES, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 315A00024587

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. DermalifeUSA Enterprises, Inc. 1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Azul Med Spa & Wellness Center (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Delaware 2. (FEI number, if applicable) (State or country under the law of which it is incorporated) November 10,2015 perpetual (Date of duration, if other than perpetual) (Date of incorporation) N/A (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 16192 Coastal Highway, Lewes, Delaware 19958-9776 (Principal office address) Same (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) REGISTERED AGENTS INC. Name: 3030 N. Rocky Point Drive, STE 150A Office Address: TAMPA _____, Florida _ 33607 (City)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Bill Havre/Secretary/Registered Agents Inc.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS · Alex Gonzalez 16192 Coastal Highway Lewes, Delaware 19958-9776 Address: _ Vice Chairman: Address: Director: Director: **B. OFFICERS** Alex Gonzalez 16192 Coastal Highway Lewes, Delaware 19958-9776 Address: _ Vice President: Address: ___ Address: Address: _____ NOTE: If necessary, you may attach an addepdam to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

(Typed or printed name and capacity of person signing application)

Alex Gonzalez

13.

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DERMALIFEUSA ENTERPRISES, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF

NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DERMALIFEUSA ENTERPRISES, INC." WAS INCORPORATED ON THE TENTH DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

5873190 8300

SR# 20151043928

You may verify this certificate online at corp.delaware.gov/authver.shtml

Johnny My Bylloch Secretary of State

Authentication: 10477064

Date: 11-23-15

FAX 70: 850-245-6030 ATT. /ASMIN