

800424649928

I, Michelle Hokama, hereby submit the following Statement of Fact to be filed with the Florida Department of State and added to the record of MESTIZA LASER SPA MIAMI LLC (the "Company"), a Florida limited liability company:

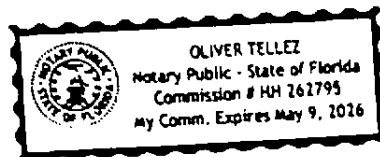
1. I am the founder, sole owner, sole manager and president of the Company.
2. On April 3, 2024, Haris Lekaj ("Lekaj") filed with the Florida Department of State a document, identified as 1594918188CC (the "Document"), stating that Lekaj is the Company's Current Registered Agent and Authorized Member. Lekaj signed the Document as "Owner."
3. Lekaj is not the Company's Registered Agent, Authorized Member or Owner.
4. Lekaj is not authorized to sign or file the Document or any document pertaining to or on behalf of the Company.
5. As such, the Document is fraudulent, within the meaning of Section 817.155, Florida Statute.
6. On April 10, 2024, I filed with the Florida Department of State a document, identified as 7042358018CC, stating correct and accurate information pertaining to the Company.

STATE OF FLORIDA                                 }  
  ss:  
COUNTY OF DADE                                 }

  
MICHELLE HOKAMA

Sworn to before me on the 12 day of April 2024

NOTARY PUBLIC



**FLORIDA INDIVIDUAL ACKNOWLEDGMENT**  
F.S. 117.05(13)

State of Florida

County of Monroe

The foregoing instrument was acknowledged before  
me by means of

☒ Physical Presence.

— OR —

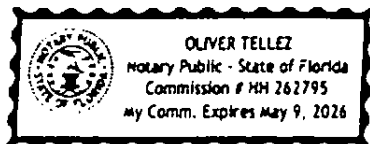
☐ Online Notarization

this 12 day of April, 2024, by  
Date Month Year

Michelle Bohama  
Name of Person Acknowledging

[Signature]  
Signature of Notary Public — State of Florida

Oliver Tellez  
Name of Notary Typed, Printed or Stamped



Place Notary Seal Stamp Above

☐ Personally known

☒ Produced Identification

Type of Identification Produced:

FLDL  
H250-540-84-909-0

**OPTIONAL**

Completing this information can deter alteration of the document or  
fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_