

PD4000105010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

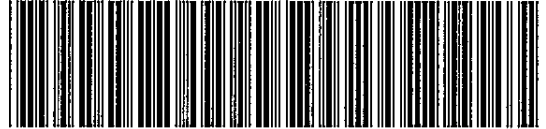
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100039107171

07/15/04--01045--027 **78.75

DIVISION OF CORPORATION

04 JUL 15 AM 11:49

RECEIVED

04 JUL 15 PM 1:51

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/15

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. WAVES HEALING CENTER & DAY SPA, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 9:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
☒	Profit
☐	NonProfit
☐	Limited Liability
☐	Domestication
☐	Other

AMENDMENTS	
☐	Amendment
☐	Resignation of R.A., Officer/Director
☐	Change of Registered Agent
☐	Dissolution/Withdrawal
☐	Merger

OTHER FILINGS	
☐	Annual Report
☐	Fictitious Name
☐	Name Reservation

REGISTRATION/ QUALIFICATION	
☐	Foreign
☐	Limited Partnership
☐	Reinstatement
☐	Trademark
☐	Other

Examiner's Initials

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:

WAVES Healing Center & Day Spa, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

FLORIPA INTERNATIONAL UNIVERSITY
11200 SW 8 St GG 1238
MIAMI, FL 33199

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Day Spa

ARTICLE IV SHARES

The number of shares of stock is:

1000 at 1 \$ par

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Isa Ruiz (President)
David Marino (Vice President)

ARTICLE VI REGISTERED AGENT

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

Isa Ruiz
4779 COLLINS AVE #1604
MIAMI BEACH, FL 33140

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Isa Ruiz
4779 COLLINS AVE #1604
MIAMI BEACH, FL 33140

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

Signature/Registered Agent

Signature/Incorporator

Date

Date

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUL 15 PM 1:51

7/13/04

7/13/04