P04000105010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ 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

RECEIVED
04 JUL 15 AM 11:43
DIVISION OF CORPORATION

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 JUL 15 PM 1:51

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
X	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	

CR2E031(9/92)

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/mailing address is:

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 JUL 15 PM 1:51

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~~ — Date: 7/13/04

Signature/Incorporator — Date: 7/13/04