

POS00022380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

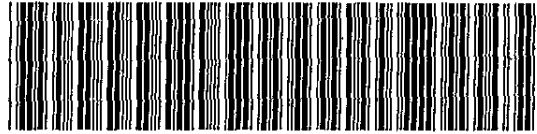
(Document Number)

Certified Copies

Certificates of Status

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/11/05
SH

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: MD Siluetas Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Martha C. Devia
Name (Printed or typed)

1047 Manigan Ave.
Address

Oviedo, FL 32765
City, State & Zip

407-365-6914
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

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:

MD Siluetas Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1047 Manigan Ave.
Oviedo, FL 32765

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Skin Care & aesthetic

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Martha C. Devia
1047 Manigan Ave.
Oviedo, FL 32765
PRESIDENT

Yhon J. Catano
1047 Manigan Ave.
Oviedo, FL 32765
VICE- PRESIDENT

Martha C. Devia
1047 Manigan Ave.
Oviedo, FL 32765
TREASURER

Yhon J. Catano
1047 Manigan Ave.
Oviedo, FL 32765
SECRETARY

ARTICLE VI REGISTERED AGENT

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

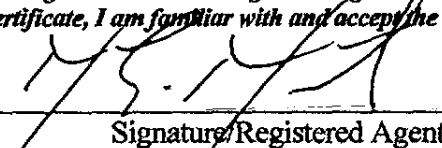
Maria E. Martinez
3098 Stillwater. Dr.
Kissimmee, FL 34743

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Martha C. Devia
1047 Manigan
Oviedo, FL 32765

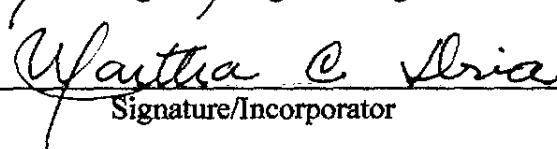
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

1/31/05

Date



Signature/Incorporator

01-31-05

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA