

POS000066740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Marina Kunszt ~~GAVE~~

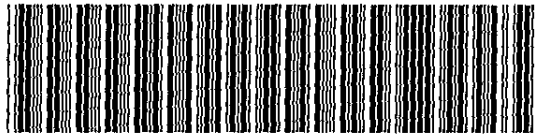
AUTHORIZATION BY PHONE TO

CORRECT Corp Suffix

DATE 5/6/05

DOC. EXAM Bonne W. Kitchens

Office Use Only



000052915540

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY -4 PM 2:15

05/04/05--01003--014 **78.75

5/6/05
BWK

W05-23126

TRANSMITTAL LETTER

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

SUBJECT: FUSION MEDISPA, 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: MARIANA GARRETT
Name (Printed or typed)

2402 S. DUNDEE
Address

TAMPA, FL 33629
City, State & Zip

813-7876466
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 6, 2005

MARIANA GARRETT
2402 S. DUNDEE
TAMPA, FL 33629

SUBJECT: FUSION MEDISPA
Ref. Number: W05000023126

We have received your document for FUSION MEDISPA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of your document, along with 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) 245-6840.

Bruce W Kitchens
Document Specialist
New Filings Section

Letter Number: 905A00032738

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

05 MAY -4 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

FUSION MEDISPA, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8731 N. GUNN HWY
ODESSA, FL 33556

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

OPEN A MEDICAL SPA BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100 - RESIDENT

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARIA A. LEAL - PRESIDENT 100% OF STOCKS
MARIANA GARRETT - SECRETARY
INMACULADA FREDERICK - MEDIATOR

ARTICLE VI REGISTERED AGENT

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

MARIANA GARRETT
2402 S. DUNDEE
TAMPA, FL 33629

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARIA A. LEAL
2402 S. DUNDEE
TAMPA, FL 33629

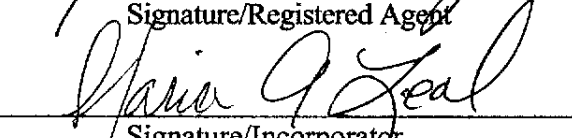
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

5-2-05

Date



Signature/Incorporator

5-2-05

Date