

**P08000027527**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

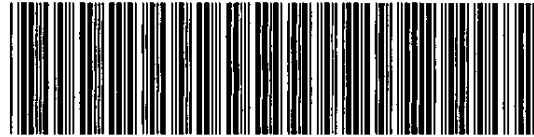
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900120008179

03/14/08--01031--008 \*\*70.00

FILED  
2008 MAR 14 PM 4:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

cf. 3-14

## COVER LETTER

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

SUBJECT: Iris Bodycare Spa 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: Iris Molina  
Name (Printed or typed)

7800 SW 57 Ave Suite 129A  
Address

Miami, FL 33143  
City, State & Zip

305 283 3946  
Daytime Telephone number

FROM: **(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:

**Iris Bodycare Spa Inc**

### **ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailling address is:

7800 SW 57 Ave Suite 129A

South Miami, Florida 33143

### **ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

To do any lawful business

### **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):

Iris Molina

15025 NW 77 Ave Suite 124

Miami Florida 33014

**FILED**

2008 MAR 14 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2008 MAR 14 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Iris Molina  
7800 SW 57 Ave Suite 120A  
South Miami, FL 33143

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Iris Molina  
7800 SW 57 Ave Suite 129A  
South Miami, FL 33143

\*\*\*\*\*  
*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

03/11/08  
\_\_\_\_\_  
Date

3/11/08  
\_\_\_\_\_  
Date