

P10000016129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

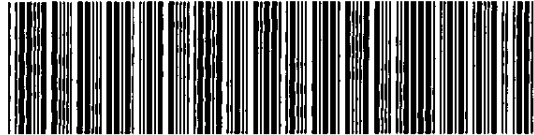
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

number of shares added  
by permission over telephone

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Office Use Only



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10 FEB 22 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2-23-10

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## COVER LETTER

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

SUBJECT: KLINIK 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:

<input checked="" type="checkbox"/> \$70.00	<input checked="" type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Amarilis E CALVO  
Name (Printed or typed)

13675 SW 62<sup>nd</sup> #103  
Address

Miami, FL 33183  
City, State & Zip

(305) 588 3594  
Daytime Telephone number

amarilis.calvo@gmail.com  
E-mail address: (to be used for future annual report notification)

**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:

Klinika Spa, INC

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

13675 SW 62<sup>nd</sup> St #103, Miami, FL 33183

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any legal purpose

## ARTICLE IV SHARES

The number of shares of stock is:

1

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DIRECTOR = AMARILIS E. CALVO

## ARTICLE VI REGISTERED AGENT

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

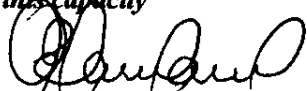
AMARILIS E CALVO  
13675 SW 62<sup>nd</sup> St #103  
Miami, FL 33183

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

AMARILIS E CALVO  
13675 SW 62<sup>nd</sup> St #103  
Miami, FL 33183

\*\*\*\*\*  
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

02/16/2010

Date

02/16/2010

Date

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10 FEB 22 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA