

P11000030745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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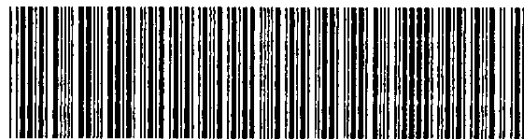
(Business Entity Name)

(Document Number)

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

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03/24/11--01015--007 \*\*78.75

SECRETARY OF STATE  
DIVISION OF CORPORATION  
2011 MAR 24 PM 4:36

3/29/11

COVER LETTER

clerk 1016

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

SUBJECT: The Venetian Day 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: Maria Bonilla  
Name (Printed or typed)

12931 S.W. 30th Street  
Address

Miami, FL. 33027  
City, State & Zip

(305)510-0963  
Daytime Telephone number

cinije@yahoo.com  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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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: The Venetian Day Spa Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
12931 SW 30th  
Miramar, FL 33027

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Spa treatment for individuals.

**ARTICLE IV SHARES**

The number of shares of stock is: 500 Shares @\$1.00 per share.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Maria Bonilla - President.

Name and Title: \_\_\_\_\_

Address: 12931 SW 30th Street

Address: \_\_\_\_\_

Miramar, FL 33027

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Charles Inije

Address: 20401 NW 2nd Avenue #214

Miami, FL 33169

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Maria Bonilla

Address: 12931 SW 30th Street

Miramar, FL 33027

*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*

  
Required Signature/Registered Agent

03/10/2010

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Required Signature/Incorporator

03/10/2010

Date

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