P11000067730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E 07/27/11

COVER LETTER

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

SUBJECT: BONSAI REHAB AND COSMETIC CENTER, 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: YAQUELINE MENA
Name (Printed or typed)

7270 NW 12 STREET SUITE 870
Address

MIAMI, FL 33126
City, State & Zip

305-200-7132
Daytime Telephone number

bonsairehab@yahoo.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 BONSAI REHAB AND COSMETIC CENTER, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

7270 NW 12 Street Suite 870
MIAMI, FL 33126

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS.

ARTICLE IV SHARES 500

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YAQUELINE MENA
Address: 7270 NW 12 STREET SUITE 870
MIAMI, FL 33126

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

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

Name: YAQUELINE MENA
Address: 7270 NW 12 STREET SUITE 870
MIAMI, FL 33126

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: YAQUELINE MENA
Address: 7270 NW 12 STREET SUITE 870
MIAMI, FL 33126

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TALLAHASSEE, FLORIDA

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 — Date: 07/11/2011

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 — Date: 07/11/2011