

P11000091248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

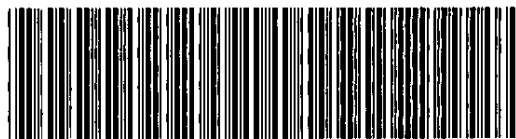
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

CHANGED PRINCIPAL ADDRESS
PER TELEPHONE CONVERSATION
WITH J. GOLDBERG.

K 10/19/11

Office Use Only



400213166474

10/17/11--01009--011 **78.75

FILED
TALLAHASSEE, FLORIDA

11 OCT 17 AM 9:59

K 10/19/11

COVER LETTER

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

SUBJECT: Ultimate Med 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: David Goldberg, DC
Name (Printed or typed)

500 NE Spanish River Bl. #35
Address

Boca Raton, FL 33431
City, State & Zip

561-368-2446
Daytime Telephone number

chiro20@bellsouth.net
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 Ultimate Med Spa, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
500 NE Spanish River Bl. #35
Boca Raton, FL 33431

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
To open up a business which incorporates facials, massages, waxing, etc.

ARTICLE IV SHARES
The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Goldberg, DC
Address: 1023 Russell Dr.
Highland Beach, FL 33487

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: David Goldberg
Address: 500 NE Spanish River Bl. #35
Boca Raton, FL 33431

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David Goldberg
Address: 500 NE Spanish River Bl. #35
Boca Raton, FL 33431

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

David Goldberg, D.C.

Required Signature/Registered Agent

10/12/11

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.

David Goldberg, D.C.

Required Signature/Incorporator

10/12/11

Date