

P11000109082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

WH-62559

Office Use Only



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12/14/11--01014--010, \*\*78.75

APPROVED  
AND  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

11 DEC 27 PM 11:51

APPROVED  
AND  
FILED

WH

## TRANSMITTAL LETTER

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

SUBJECT: **LA PIERRE MED SPA**

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(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

**XX \$78.75**  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee &  
Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM:

**Marlui Rivas**

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(Name: printed or typed)

**18800 NE 29<sup>th</sup> Avenue - #208**

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(Address)

**Aventura, FL 33180**

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(City, State, Zip)

**305-632-1103**

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(Daytime Telephone Number)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 15, 2011

MARLUI RIVAS  
18800 NE 29TH AVENUE - #208  
AVENTURA, FL 33180

SUBJECT: LA PIERRE MED SPA  
Ref. Number: W11000062559

We have received your document for LA PIERRE MED SPA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 911A00027975

APPROVED  
AND  
FILED

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

11 DEC 27 PM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

**LA PIERRE MED SPA Corp,**

Effective Jan. 2012

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**18800 NE 29th Avenue - #208  
Aventura, FL 33180**

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**Health Spa**

### ARTICLE IV SHARES

The number of share of stock is:

**500**

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

**Marlui Rivas  
18800 NE 29<sup>th</sup> Avenue - #208  
Aventura, FL 33180**

**Jose Luis Lozada  
15811 Collins Avenue - #2207  
Sunny Isles, FL 33180**

### ARTICLE VI REGISTERED AGENT

The names(s) and address(es):

**Marlui Rivas  
18800 NE 29<sup>th</sup> Avenue - #208  
Aventura, FL 33180**

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**Marlui Rivas  
18800 NE 29<sup>th</sup> Avenue - #208  
Aventura, FL 33180**

.....  
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.

X  \_\_\_\_\_  
Signature/Registered Agent

Date

Dec 9/11

X  \_\_\_\_\_  
Signature/Incorporator

Date

Dec 9/11