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8

## COVER LETTER

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

SUBJECT: Parvenue Medspa DPA Corp.

(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: Karla de Cespedes Rodriguez

Name (Printed or typed)

9980 NW 6 Court, Suite 17

Address

Pembroke Pines, Florida 33024

City, State & Zip

954-432-8887

Daytime Telephone number

karla.parvenue@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: Parvane Medspa SPA Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
9980 NW 6 Court, Suite 17  
Pembroke Pines, Florida 33024

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To conduct Business

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title:	<u>Karla de Cespedes Rodriguez / President</u>	Name and Title:	_____
Address:	<u>9980 NW 6 Court, Suite 17</u>	Address:	_____
	<u>Pembroke Pines, Florida</u>		_____

Name and Title:	<u>Armanda de Cespedes / Secretary</u>	Name and Title:	_____
Address:	<u>9980 NW 6 Court, Suite 17</u>	Address:	_____
	<u>Pembroke Pines, Florida 33024</u>		_____

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: Karla de Cespedes Rodriguez  
Address: 9980 NW 6 Court, Suite 17  
Pembroke Pines, Florida 33024

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Karla de Cespedes Rodriguez  
Address: 9980 NW 6 Court, Suite 17  
Pembroke Pines, Florida 33024

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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

Nov. 8, 2012  
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

Nov. 8, 2012  
Date