

P13000021960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

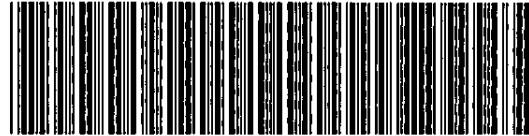
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800245566588

03/11/13--01030--017 \*\*87.50

FILED

13 MAR 11 AM 7:29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

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

**SUBJECT: VENCHI 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: Ana Araujo**

Name (Printed or typed)

**11019 Groveshire Court**

Address

**Ocoee, Florida 34761**

City, State & Zip

**407-721-5163**

Daytime Telephone number

**info@venchidayspa.com**

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 MAR 11 AM 7:29

FILED

**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: VENCHI DAY SPA, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1809 E. COLONIAL DR.

STE 3

ORLANDO, FL 32803

Mailing address, if different is:

11019 GROVESHIRE CT

OCOE, FL 34761

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100 @ \$1.00 PAR VALUE

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

Name and Title: ANA ARAUJO (P)

Address 11019 GROVESHIRE CT  
OCOE, FL 34761

Name and Title: VICTOR CERON (VP)

Address: 11019 GROVESHIRE CT  
OCOE, FL 34761

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

13 MAR 11 AM 7:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

(conti.)

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: ANA ARAUJO  
Address: 11019 GROVESHIRE CT  
OCOE, FL 34761

**ARTICLE VII INCORPORATOR**

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

Name: ANA ARAUJO  
Address: 11019 GROVESHIRE CT  
OCOE, FL 34761

*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*

Ana Araujo 3/6/2013  
Required Signature/Registered Agent 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.*

Ana Araujo 3/6/2013  
Required Signature/Incorporator Date

13 MAR 11 AM 7:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED