

P13000040814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

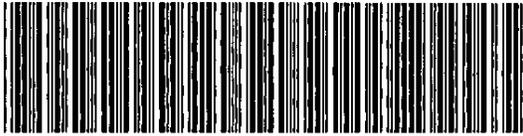
(Business Entity Name)

(Document Number)

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

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05/06/13--01015--001 \*\*70.00

*MRB  
5/7/13*

FILED  
13 MAY -6 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT: Miami Spa Party, 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: Enrique Santisteban**

Name (Printed or typed)

**8004 NW 154 Street, #547**

Address

**Miami Lakes, FL 33016**

City, State & Zip

**786-447-5638**

Daytime Telephone number

**exoticrides@live.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**      Miami Spa Party, Inc  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
8004 NW 154 Street, #547  
Miami Lakes, FL 33016

Mailing address, if different is:

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**ARTICLE III PURPOSE**      Conduct legal business in Florida  
The purpose for which the corporation is organized is:

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

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

Name and Title:	<u>Enrique Santisteban, President</u>	Name and Title:	_____
Address	<u>8004 NW 154 Street, #547</u>	Address:	_____
	<u>Miami lakes, FL 33016</u>		_____

Name and Title:	<u>Arlene Rodriguez, Vice President</u>	Name and Title:	_____
Address	<u>8004 NW 154 Street, #547</u>	Address:	_____
	<u>Miami Lakes, FL 33016</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

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

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

Address \_\_\_\_\_

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

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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**ARTICLE VI REGISTERED AGENT**

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

Name: Enrique Santisteban

Address: 8004 NW 154 Street, #547

Miami Lakes, FL 33016

**ARTICLE VII INCORPORATOR**

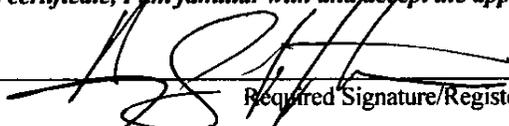
The name and address of the Incorporator is:

Name: Enrique Santisteban

Address: 8004 NW 154 Street, #547

Miami Lakes, FL 33016

*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*

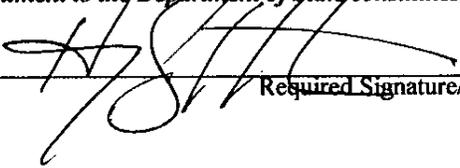


Required Signature/Registered Agent

5/1/2013

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

5/1/2013

Date