

P13000040814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

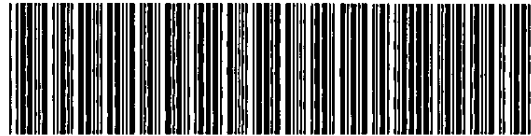
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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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

The name of the corporation shall be: Miami Spa Party, Inc

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

The purpose for which the corporation is organized is: Conduct legal business in Florida

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Enrique Santisteban, President

Address: 8004 NW 154 Street, #547
Miami lakes, FL 33016

Name and Title: _____

Address: _____

Name and Title: Arlene Rodriguez, Vice President

Address: 8004 NW 154 Street, #547
Miami Lakes, FL 33016

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(conti.)

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

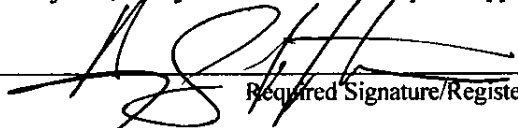
The name and address of the Incorporator is:

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

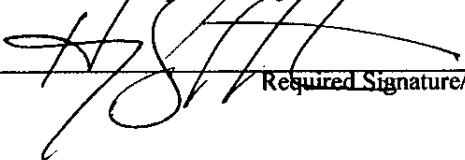


Required Signature/Registered Agent

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