

P 14000002527

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
BELLA MED MIAMI INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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RECEIVED
14 JAN -9 PM 1:06
SECRETARY OF STATE
FALLASSSEE, FLORIDA

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DIVISION OF CORPORATIONS
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J 1/10/14

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COVER LETTER

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

SUBJECT: Bellamed Miami 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: Paul Jasinski
Name (Printed or typed)

5960 NW 99 Ave Unit 3
Address

DORAL FL 33178
City, State & Zip

305-984-8277
Daytime Telephone number

WANDIVIRIS87@ME.COM
E-mail address: (to be used for future annual report notification)

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

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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: Bella Med Miami, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11050 N. KENDALL DR. #104

MIAMI FL 33176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide SKIN CARE AND

SPA SERVICES AND OTHER ACTIVITIES FOR PROFIT

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WANDA LIZ FERNANDEZ P.D. Name and Title: _____

Address: 11050 N. KENDALL DR #104 Address: _____
MIAMI FL 33176

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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(cont.)

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: PAUL JASINSKI
 Address: 13501 SW 99 ST
MIAMI FL 33186

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: PAUL JASINSKI
 Address: 13501 SW 99 ST
MIAMI FL 33186

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

Paul Jasinski _____ 1/9/14
 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.817.135, F.S.

Paul Jasinski _____ 1/9/14
 Required Signature/Incorporator Date

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