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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
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Fax Number : (305)633-9696

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

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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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(4)

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 Trsinski
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)

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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: BellaMed MIAMI INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

11050 N. Kendall Dr. #104
MIAMI FL 33176

Mailing address, if different is:

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

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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.817.155, F.S.

Paul Jasinski — 1/9/14

Required Signature/Incorporator — Date

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