

JUN/06/2014/FRI 03:51 PM

FAX No.

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Division of Corporations

Florida Department of State  
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Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION  
THE SMOOTHIE SPA KINGS INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

MD 6/9

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P.002

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6/6/2014 12:36:15 PM PAGE 1/001 Fax Server



June 6, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: THE SMOOTHIE SPA KINGS INC  
REF: W14000035295

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

If you have any further questions concerning your document, please call (850) 245-6052.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H14000131500  
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FAX No.

P. 003

**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: THE SMOOTHIE SPA KINGS INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

10755 SW 34TH STREET

MIAMI, FL 33165

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES** 100

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: (P) JOSE F CAPOTE Name and Title: (VP/S) YULIA MARTINEZ

Address: 10755 SW 34TH STREET Address: 10755 SW 34TH STREET  
MIAMI, FL 33165 MIAMI, FL 33165

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

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

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

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

(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: YULIA MARTINEZ  
Address: 10755 SW 34TH STREET  
MIAMI, FL 33165

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: YULIA MARTINEZ & JOSE F CAPOTE  
Address: 10755 SW 34TH STREET  
MIAMI, FL 33165

*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

6/6/14  
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.817.133, F.S.*

\_\_\_\_\_  
Required Signature/Incorporator

6/6/14  
Date

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