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## COVER LETTER

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

SUBJECT: **A2 AESTHETICS 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: **Julia Greenberg-Aguilar o/b/o MyUSAcorporation.com**

Name (Printed or typed)

**1 Radisson Plaza, Suite 800**

Address

**New Rochelle, NY 10801-5769**

City, State & Zip

**877-330-2677**

Daytime Telephone number

**scarlettgulch@yahoo.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: A2 AESTHETICS INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2965 NE 8TH TERRACE #201  
FORT LAUDERDALE, FL 33334

Mailing address, if different is:

2965 NE 8TH TERRACE #201  
FORT LAUDERDALE, FL 33334

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Medical day Spa

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: AARON SEABAUGH- PRESIDENT

Address: 2965 NE 8TH TERRACE #201  
FORT LAUDERDALE, FL, 33334

Name and Title: AARON SEABAUGH- VICE PRESIDENT

Address: 2965 NE 8TH TERRACE #201  
FORT LAUDERDALE, FL, 33334

Name and Title: AARON SEABAUGH- SECRETARY

Address: 2965 NE 8TH TERRACE #201  
FORT LAUDERDALE, FL, 33334

Name and Title: AARON SEABAUGH- TREASURER

Address: 2965 NE 8TH TERRACE #201  
FORT LAUDERDALE, FL, 33334

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

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

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

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

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STATION

(conti.)

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: AARON SEABAUGH  
Address: 2965 NE 8TH TERRACE #201  
FORT LAUDERDALE, FL 33334

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MyUSAcorporation.com  
Address: 1 Radisson Plaza, Suite 800  
New Rochelle, NY 10801-5769

*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*

Aaron Seabaugh  
Required Signature/Registered Agent

08/08/2014

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.*

[Signature]  
Required Signature/Incorporator

8/8/14  
Date

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