

P15000029579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

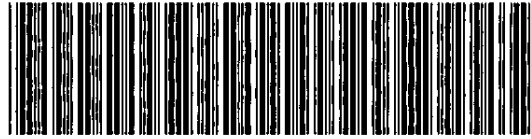
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
ALLAHASSSEFI FLORIDA
15 MAR 30 PM 12:38

MD 4/1

COVER LETTER

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

SUBJECT: Estetika Medika U.S. 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: Juan Carlos DIAZ
Name (Printed or typed)

9036 PARSON Way
Address

Baynton Beach Fl. 33472
City, State & Zip

561-301-9737
Daytime Telephone number

Jcdiaz@estetikamedika.us
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: Estetika Medika U.S. Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9036 Paragon Way
Boynton Beach Fl
33472

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To sale and distribute
beauty products and equipments to
spas, aesthetic centers and beauty
salons.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Juan Carlos Diaz (P)

Name and Title: Ines Cinthia Acebo (V)

Address: 9036 Paragon Way
Boynton Beach
Fl, 33472

Address: 9036 Paragon Way
Boynton Beach
Fl 33472

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: Juan Carlos Diaz
 Address: 9036 Paragon Way
Boynton Beach FL 33472

15 MAR 30 PM 12:38
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Juan Carlos DIAZ
 Address: 9036 Paragon Way
Boynton Beach, FL 33472

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

[Signature] Required Signature/Registered Agent 3/16/2015 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 3/16/2015 Date