

P 1500006808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

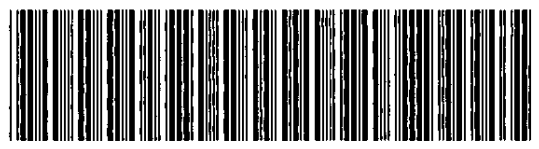
(Business Entity Name)

(Document Number)

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07/17/15--01018--014 \*\*78.75

15 JUL 17 AM 5:30  
TALLAHASSEE, FLORIDA

P.  
JUL 24 2015  
R. WHITE

**COVER LETTER**

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

**SUBJECT:** RAUDIUSA SPA SERVICE INC.  
(PROPOSED CORPORATE NAME - **MUST INCLUDE SUFFIX**)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

**FROM:** RAIDEL MARTINEZ  
\_\_\_\_\_  
Name (Printed or typed)

10705 SW 44 STREET  
\_\_\_\_\_  
Address

MIAMI FL. 33165  
\_\_\_\_\_  
City, State & Zip

786 308 1091  
\_\_\_\_\_  
Daytime Telephone number

raudiusa@gmail.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**

FILED

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

15 JUL 17 AM 5:29

**ARTICLE I NAME**

The name of the corporation shall be: RAUDIUSA SPA SERVICE INC.

SECRETARY'S OFFICE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

10705 SW 44 STREET MIAMI FL. 33165

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: SERVICE AND SALES NEW & USED AESTHETIC EQUIPMENTS  
AND ANY AND ALL LAWFUL.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 \$ 1.00 EACH ONE

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

Name and Title: RAIDEL MARTINEZ PRESIDENT.

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

Address 10705 SW 44 STREET MIAMI FL. 33165

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

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

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

Address \_\_\_\_\_

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

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: RAIDEL MARTINEZ  
Address: 10705 SW 44 STREET  
MIAMI FL. 33165

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RAIDEL MARTINEZ  
Address: 10705 SW 44 STREET  
MIAMI FL. 33165

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

**(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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 of Registered Agent

7/13/15

\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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.*

\_\_\_\_\_  
Required Signature of Incorporator

7/13/15

\_\_\_\_\_  
Date