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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 OCT 13 PM 12:44

EFFECTIVE DATE 01/01/16

10/20/15

COVER LETTER

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

SUBJECT: Medical Spa and Wellness Center of St Petersburg, Corp

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Enos Perez

Name (Printed or typed)

7462 Water Silk Dr North

Address

Pinellas Park, Fl 33782

City, State & Zip

727-430-7050

Daytime Telephone number

ENOSPR@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

Medical Spa and Wellness Center of St Petersburg, Corp
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7462 Water Silk Dr N

Pinellas Park, FL 33782

ARTICLE III PURPOSE

medical treatment for weight loss, patient wellness and limited cosmeti
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

10

The number of shares of stock is: _____

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr Enos Perez (PRESIDENT)

Address: 7462 Water Silk Dr

Pinellas Park, FL 33782

Name and Title: DR Ligia Perez (Vice-President)

Address: 7462 Water SILK Dr

Pinellas Park, FL 33782

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: Dr Enos Perz
Address: 7462 Water Silk DR N
Pinellas Park, FL 33782

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Dr Enos Perez
Address: 7462 Water Silk DR N
Pinellas Park, FL 33782

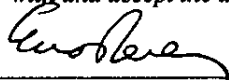
ARTICLE VIII EFFECTIVE DATE: 01-01-2016

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


 (ENOS PEREZ)

Required Signature/Registered Agent

10-8-15

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.



Required Signature/Incorporator
ENOS PEREZ

10-8-15

Date