

10/12/2003

P/5000095701

416 P.007 003

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H15000284013 3)))



H150002840133ABCV

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : LAZARIUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

FLORIDA PROFIT/NON PROFIT CORPORATION  
CHANNET BOUTIQUE AND SPA INC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 DEC -1 AM 9:06

APPROVED  
AND  
FILED

15 DEC -1 PM 5:14  
TALLAHASSEE, FLORIDA

RECEIVED

Corporate Filing Menu

Help

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

H 15000284013

15 DEC -1 AM 9:06

**ARTICLE I NAME:** The name of the corporation is:

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Channet Boutique and SpA Inc

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

333 NE 24 St Apt 1109

Miami FL 33137

**ARTICLE III SHARES:** The number of shares of stock is:

100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Dety Sanchez (P)

Ane Gonzalez (VP)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Dety Sanchez

333 NE 24 St Apt 1109

Miami FL 33137

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

Dety Sanchez

333 NE 24 St Apt 1109

Miami FL 33137

H 15000284013

10/12/2033 08:09

APPROVED  
AND  
FILED

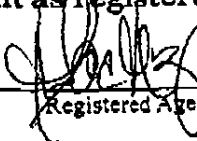
#2416 P.003/003

15 DEC -1 AM 9:06 H15000284013

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**Required Signatures:**

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

  
\_\_\_\_\_  
Registered Agent

11-30-15

\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator

11-30-15

\_\_\_\_\_  
Date

H15000284013