P4500009906S

(Re	equestor's Name)	
· (Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE

COVER LETTER

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

SUBJECT: PO	(PROPOSED CORPOR		
-	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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 CO	PY REQUIRED
FROM:	Vanessa Gali	ne (Printed or typed)	
·	3646 SW 142n	Address	
	Miramar, Flor	1dq 33027 7, State & Zip	######################################
	780 417 7 Daytime	४४ <u>१</u> Telephone number	
	Pavitra spa 276 E-mail address: (to be us	Samail Com	notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

ARCHIVED OCC , AND

December 2, 2015

VANESSA GALI 3646 SW 162ND AVE MIRAMAR, FL 33027

SUBJECT: PAVITRA SPA CORP. Ref. Number: W15000077898

We have received your document for PAVITRA SPA CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 415A00025260

Jessica A Fason Regulatory Specialist II

www.sunbiz.org

www.sumbtz.org

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

The name of the corpo	oration shall be: Pavitra Sy	oa Corp.	
ARTICLE II PRI	NCIPAL OFFICE Principal street address	Mailin	g address, if different is:
13055 Wes	t Sunise Blyd suitella	36463	swiba Are.
Sunrise,	Florida 33333	miran	1ar FL 33027
	h the corporation is organized is: Yru	fessional Con	p. for Organic
Skin Care	-/Services		
	itle: YONESKI Gali/OWNEY 310465W 1102 Ave	Address:	
	Miramar Pl 3303	<u> </u>	
Name and Ti	tle:	Name and Title:	
Address		Address:	
			- 15 - 15
Name and Ti	tle:	Name and Title:	
Address		Address:	

	and Title: Name and Title:	·
Addre	ss Address:	
		
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of the registered age	ent is:
Name:	Vanessa Gali	22.
Address:	36468W 162 Are.	
	Miramar A. 33027	
ADTICI E VII	INCORPORATOR	
	address of the Incorporator is:	
Name:	Vanessa Gali	
Address:	3646 SW 162 Ave.	
radioss.	Miramar PL 33007	
Effective date,		•
(If an effective days after the	e date is listed, the date must be specific and cannot be more than fi filing.)	ive business days prior or 90
	ate inserted in this block does not meet the applicable statutory filing re-	quirements, this date will not l
the document's	s effective date on the Department of State's records.	
	amed as registered agent to accept service of process for the above sta I am <u>famili</u> ar with a <u>n</u> d accept the appointment as registered agent and	
,		11-18-15 Date
\sim		