

# P16000004432

## 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.**

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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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16 JAN 15 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JAN 15 PM 2:00

APPROVED  
AND  
FILED

### FLORIDA PROFIT/NON PROFIT CORPORATION PASSION AND LIFE SPA INC.

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

1/15

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME:** The name of the corporation is:Passion and life SPA INC.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

14311 SW 88st A103Miami FL 33186**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Mayedí Pando (P)SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JAN 15 PM 2:00

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

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

Mayedí Pando14311 SW 88st A103Miami FL 33186**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Mayedí Pando14311 SW 88st A103Miami FL 33186

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11/26/2033 05:55

APPROVED  
AND  
FILED

#3781 P.003/003

H16000012891

16 JAN 15 PM 2:00

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

1-14-16  
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

1-14-16  
Date

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