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Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION
LA DOLCE VITA SPA CORP

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COVER LETTER

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

SUBJECT: La Dolce Vita Spa 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: Geisy Martinez

Name (Printed or typed)

12356 NW 97 VT

Address

Hialeah, FL 33018

City, State & Zip

(786)797-1452

Daytime Telephone number

ladolcevitaspal@gmail.com

E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAMEThe name of the corporation shall be: La Dolce Vita Spa Corp**ARTICLE II PRINCIPAL OFFICE**Principal street address
5935 NW 173 DRIVE SUITE 7
HALEAH, FL 33015Mailing address, if different is:
SAME ADDRESS**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARESThe number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Geisy Martinez, President

Name and Title: _____

Address: 12356 NW 97 CT

Address: _____

Hialeah, FL 33018

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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H160000862562

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Geisy MartinezAddress: 12356 NW 97 CTHialeah, FL 33018**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: ERIK GONZALEZAddress: 8660 W FLAGLER ST STE 207MIAMI, FL 33144**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 04/06/2016 (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*Geisy Martinez
Required Signature/Registered Agent04/06/2016
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.*[Signature]
Required Signature/Incorporator04/06/2016
Date

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