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

From: Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

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

Email Address: _____

RECEIVED

16 JUL -7 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
LAKSHMI SPA & WELLNESS INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL -7 AM 8:15

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

LAKSHMI SPA & WELLNESS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address Mailing address, if different is:

1232 ABILENE TRL
ORANGE PARK, FL 32065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BEAUTY SPA & WELLNESS CENTER

ARTICLE IV SHARES

The number of shares of stock is:

ONE THOUSAND (1000) SHARES @ \$1.00/PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

MARIA RICHARD
1232 ARLENE TRL
ORANGE PARK, FL 32065

ARTIGAS E GONZALEZ
2355 SW 1st STREET
MIAMI, FL 33135-1514

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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MARIA RICHARD
1232 ABILENE TRL
ORANGE PARK, FL 32065

ARTICLE VII INCORPORATOR

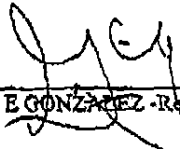
The name and address of the incorporator is:

MARIA RICHARD
1232 ABILENE TRL
ORANGE PARK, FL 32065
50% OWNERSHIP

ARTIGAS E GONZALEZ
2355 SW 1st STREET
MIAMI, FL 33135-1514
50% OWNERSHIP

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TALLAHASSEE FLORIDA

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


ARTIGAS E GONZALEZ -Registered Agent

07/06/2016
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.


MARIA RICHARD/Incorporator

07/06/16
Date