

10/03/2016

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LAZARUS

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
ERNESTO'S TOUCH SPECIALIST INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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L. YARBROUGH

OCT 04 2016

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H16000245368

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: Ernesto's Touch Specialist Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

14867 SW 175 St

Miami, FL 33187

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ernesto Arencibia President

Name and Title: _____

Address

14867 SW 175 St.

Address: _____

Miami, FL 33187

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Ernesto Arencibia
Address: 14867 SW 175 St
Miami, FL 33187

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ernesto Arencibia
Address: 14867 SW 175 St
Miami, FL 33187

ARTICLE VIII EFFECTIVE DATE: 09/28/2016

Effective date, if other than the date of filing: _____ (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 this appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

09/28/2016

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.

Required Signature/Incorporator

Date

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