Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120800000019

Phone : (305)552-5973

Fax Number

: (305)675-5944

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	ann	ual	repor	t mailin	gs.	Enter	only	one	email	add	res	s ple	ase.	** 2	<u></u> (S.
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FLORIDA PROFIT/NON PROFIT CORPORATION THE TOOTH FAIRY CONSULTING GROUP AND SPA II

Certificate of Status	0
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Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:		
THE TOOTH FAIRY Consulting Group and S)pa	100
ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is:		
2828 Coral Way Suite 560		÷
Miami FL 33133		
ARTICLE III SHARES: The number of shares of stock is:		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		
Mijail Borroto Prieto (P)		
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	17]	
	JAN 13	<u> </u>
	သ	FILED
	PH 12: 28	_
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS	: 28	
The name and Florida street address (PO Box not acceptable) of the registered agent is:		
MIJAIL BORROTO PRIETO		
2828 CORAL WAY SUITE 560		
MIAMI FL 33133		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:		
MIJAIL BORROTO PRIETO		
2828 CORAL WAY SUITE 560		
MIAMI FL 33133		

01/13/2017 16:24

H17000012785

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

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