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 : I20000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

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

P-4-1	Address:			

FLORIDA PROFIT/NON PROFIT CORPORATION AVANTI SKIN MEDICAL SPA INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.7 5

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:
Avanti Skin Hedical Spartue
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
3455 SW 137 Ave # a. Main FE 33175
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Cheila Barbara Suarez (P)
AFIN 2
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ADMICLE V. DOWN ALL DECLEMENTS A CONTRACT AND CONTRACT AN
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:
Cheila Barbara suarez
3955 Sw. 137AVR #2
Migmi FL 33175
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
<u>Cheila Barbara Suarez</u>
3955 SW 137 AVR #2
Miami FC 33175

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

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

Date

18 JUN 22 AH 9: 15
SECKETARY OF STATE
TALLAHASSEE, FLORIDA

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