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Florida Department of State  
Division of Corporations  
Electronic Cover Sheet

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Division of Corporations  
Fax Number : (850)617-6381

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FLORIDA PROFIT/NON PROFIT CORPORATION  
MARIBAT DERMACLINIC SPA CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2018 AUG 10 PM 4:19

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TALLAHASSEE, FL

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

\* TAX ID 27-3347376

**ARTICLE I NAME:** The name of the corporation is:MARIBAT DERMACLINIC SPA Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1850 NW 33 Ave.Miami Florida 33125**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Maritta Batista (P)SECRETARY OF STATE  
TALLAHASSEE, FL

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**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

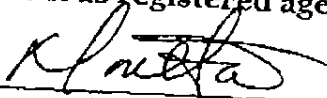
MARITTA BATISTA1850 NW 33 AVEMIAMI FL 33125**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:MARITTA BATISTA1850 NW 33 AVEMIAMI FL 33125

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Required Signatures:

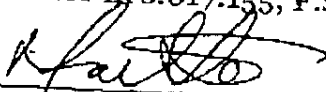
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



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

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