

# P19000010585

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
TOTAL HEALTH SLEEPINGBEAUTY, INC.**

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

2019 FEB -6 PM 4:31  
SECRETARY OF STATE  
TALLAHASSEE, FL

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:Total Health Sleeping Beauty, Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

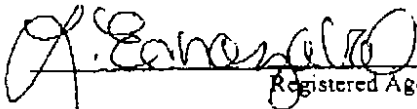
11450 SW 50th ter  
Miami, FL 33165**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Lillian Echazabal (P)  
  
  
  
**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Lillian Echazabal (P)  
11450 SW 50th ter  
Miami, FL 33165**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Lillian Echazabal  
11450 SW 50th ter  
Miami, FL 33165

**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

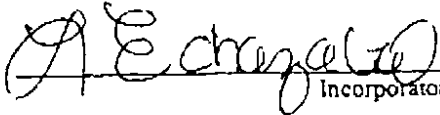


Registered Agent

2/6/2019

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

2/6/2019

Date