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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
		
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	ETIC BEAUTY PRODUCTS & S	PA CORP	
<u> </u>	(PROPOSED CORPOR)	ATE NAME - <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
	☐ \$78.75 Filing Fee & Certificate of Status	& Certified Copy	Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	PY REQUIRED
FROM:	M ACCOUNTING SERVICES	e (Printed or typed)	
775 ——	0 SW 117TH AVE SUITE 201D		
		Address	
MIA	MI FLORIDA 33183		
	City	, State & Zip	
305	595-2407		
	Daytime *	l'elephone number	
MAI	RIAQUIROS9@HOTMAIL.COM		
	É-mail address: (to be uso	ed for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.

March 11, 2019

Department of State
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Aesthetic Beauty Products & Spa Corp

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

Maria T. Tabares

JOSE L. RUIZ

Notary Public - State of Fiorida

Commission # FF 938168

My Comm. Expires Nov 22, 2019

Bonded through National Notary Assn.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ANY LEGAL BUSINESS RETICLE IV SHARES to thick its: ANY LEGAL BUSINESS RETICLE IV SHARES to thick its: ANY LEGAL BUSINESS RETICLE IV INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address Name and Title: Name and Title: Address: Name and Title: Name and Title: Address: Name and Title:	MIAMI FLORIDA 33183
AMI FLORIDA 33196 MIAMI FLORIDA 33183 **TICLE III PURPOSE** repurpose for which the corporation is organized is: **ANY LEGAL BUSINESS** ANY LEGAL BUSINESS **ITICLE IV SHARES** 100 @ \$1.00 EA **TICLE IV INITIAL OFFICERS AND/OR DIRECTORS** Name and Title: Address** MIAMI FLORIDA 33196 Name and Title: Address** Name and Title: Address* Name and Title: Name and Title: Address* Name and Title: Name and Title:	MIAMI FLORIDA 33183
TICLE IV SHARES 100 @ \$1.00 EA TICLE IV SHARES 100 @ \$1.00 EA TICLE I' INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address MARIA T TABARES - President Address MAMI, FLORIDA 33196 Name and Title: Address Name and Title: Address Name and Title: Address Name and Title:	
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Purpose for which the corporation is organized is: TICLE IF SHARES 100 @ \$1.00 EA	VESS
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Name and Title:		Name and Title:	
Addres	ss	Address:	
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptable) o	Calculation and the control of	
Name:	MARIA T TABARES	i the registered agent is:	
Address:	11843 SW 150 PLACE	-	
	MIAMI, FLORIDA 33196	-	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	·	
The name and	address of the incorporator is:		
Name:	MARIA T TABARES	_	
Address:	11843 SW 150 PLACE		
	MIAMI FLORIDA 33196	-	
ARTICLE VIII Effective date, (If an effective filing.)	TEFFECTIVE DATE: if other than the date of filing: $\frac{c + 1c/2c/9}{date}$ is listed, the date must be specific and cannot	. (OPTIONA) of be more than five days	L) prior or 90 days after the
Note: If the da the document's	te inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requiremen	its, this date will not be listed as
Having been no this certificate.	amed as registered agent to accept service of process I am familiar with and accept the appointment as reg	for the above stated corpositions for the above stated corpositions.	oration at the place designated in act in this capacity
L War	rolledans		03/11/2019
	Required Signature/Registered Agent		Date
I submit this do document to the	ocument and affirm that the facts stated herein are c Department of State constitutes a third degree felon	true. I am aware that the y as provided for in s.817.	false information submitted in a 155, F.S.
. Hairll	alaut.		03/11/2019
Red	uired Signature/Incorporator		Date

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