

P19000049048

Florida Department of State

Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
ISA'S HEALTH & COSMETOLOGY SERVICES, INC**

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

2019 JUN 18 PM 2:19

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JUN 19 2019

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: ISA'S HEALTH & COSMETOLOGY SERVICES, INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

11316 SW 180 STMIAMI, FL 33157**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: HEALTH SERVICES, COSMETOLOGY SERVICES, AND ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: EDELISA MOREDO, PRESIDENT

Name and Title: _____

Address 11316 SW 180 ST

Address: _____

MIAMI, FL 33157, US

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

19 JUN 18 AM 7:07

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: EDELISA MOREDO
Address: 11316 SW 180 ST
MIAMI, FL 33157, US

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: L & B PROFESSIONAL ASSOCIATES, INC
Address: 11865 SW 26 ST, SUITE C-349
MIAMI, FL 33175


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

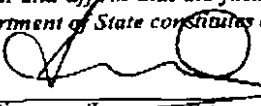


Required Signature/Registered Agent

06/14/2019

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.



Required Signature/Incorporator

06/14/2019

Date

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