

P19000088082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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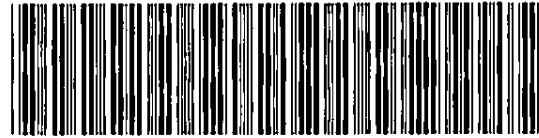
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

11/12/19

COVER LETTER

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

SUBJECT: NORA MED-SPA INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Winston Bold
Name (Printed or typed)

10411 Moss Park Road Suite 102
Address

Orlando FL 32832
City, State & Zip

813-510-0673
Daytime Telephone number

LITDIPLAN44@Gmail.com
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: NOWA Med-SPA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10411 MOSS PARK ROAD Suite A-1
Orlando, FL 32832

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All Business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Winston Bold P. Name and Title: _____

Address: 10411 MOSS PARK RD Address: _____
Suite A-1
Orlando, FL 32832

Name and Title: JANARA C. BOLD Queiroz VR Name and Title: _____

Address: 10411 MOSS PARK RD Address: _____
Suite A-1
Orlando, FL 32832

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Angel Roman

Address: 203 S. Clyde Ave

Kissimmee, FL 34741

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Winston Bold

Address: 10411 Moss Park Rd - Suite A-1

Orlando, FL 32832

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/02/19 (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

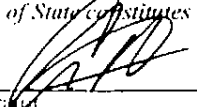


Required Signature/Registered Agent

12/02/19

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

12/02/19

Date

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