

P20000051990

Florida Department of State
Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA PROFIT/NON PROFIT CORPORATION
SPECIALIZED MED SPA (COSMETICS & PAIN) INC**

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

Handwritten signature
7/17/2021

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:SPECIALIZED MED SPA (COSMETICS & PAIN) INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2639 NW 20 STMIAMI FL 33142**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**JORGE GAVIRIA (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

JORGE GAVIRIA2639 NW 20 STMIAMI FL 33142**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:JORGE GAVIRIA2639 NW 20 STMIAMI FL 33142CLERK OF STATE
TALLAHASSEE, FLORIDA

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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

X J. V. IRIN 07/10/2020
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.

X J. V. IRIN 07/10/2020
Incorporator Date

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