

Electronic Articles of Incorporation For

P21000001787
FILED
December 29, 2020
Sec. Of State
jgharris

SOPHIAPLUSS HAIR LOSS THERAPY, INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

SOPHIAPLUSS HAIR LOSS THERAPY, INC.

Article II

The principal place of business address:

674 N UNIVERSITY DRIVE
SUITE # 8
PEMBROKE PINES, FL. US 33024

The mailing address of the corporation is:

674 N UNIVERSITY DRIVE
SUITE # 8
PEMBROKE PINES, FL. US 33024

Article III

The purpose for which this corporation is organized is:

THE PROFESSIONAL ASSOCIATION

Article IV

The number of shares the corporation is authorized to issue is:

2

Article V

The name and Florida street address of the registered agent is:

PROPHIDA BIEN AIME
14695 NE 18 TH AVENUE
3-3F
NORTH MIAMI, FL. 33181

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: PROPHIDA BIEN AIME

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Article VI

The name and address of the incorporator is:

PROPHIDA BIEN AIME
14695 NE 18 TH AVENUE
3-3F
NORTH MIAMI, FL, 33181

Electronic Signature of Incorporator: PROPHIDA BIEN AIME

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: CEO
PROPHIDA BIEN AIME
PO BOX 4067
HOLLYWOOD, FL. 33083 US

Article VIII

The effective date for this corporation shall be:

01/01/2021