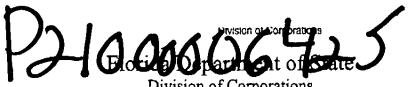
1729/2021



Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000040774 3)))



H210000407743ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

	Division of Co	porations
<i>:</i> ';	Fax Number	: (850)617-6381
٠. ٠		
From:		
	Account Name	: FASTKIT CORP
	Account Number	: 120100000009
	Phone	: (305)599-0839
	Fax Number	: (305)592-9591
*****		. Com white houseway and the beautiful for few .
		for this business entity to be used for future
ann	nai rebort waili	ngs. Enter only one email address please.**

FLORIDA PROFIT/NON PROFIT CORPORATION BEAUTY SOLUTIONS MED SPA, CORP.

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

All Matters of the 31

Electronic Filing Menu

Corporate Filing Menu

Helpy O'KEEFF

ARTICLES OF INCORPORATION

OF

BEAUTY SOLUTIONS MED SPA, CORP.

ARTICLE I - NAME

The name of the corporation shall be:

BEAUTY SOLUTIONS MED SPA, CORP.

ARTICLE II - ADDRESS

The address of the principal office until further notice

is: 12460 SW 218 St., Miami FL 33170

ARTICLE III - CAPITAL STOCK

The number of shares that this corporation is authorized to have outstanding is one thousand (1,000) common shares at one (\$1.00) dollar par value.

ARTICLE IV - INITIAL REGISTERED AGENT AND OFFICE

The initial registered agent of this corporation is: Yudanis Ledesma and the registered office is 12460 SW 218 St Miami, FL 33170.

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these

Articles of Incorporation is:

Jose O Escarpio 9580 SW 107th Ave Ste 201 Miami, FL 33176

ARTICLE VI - DURATION

This corporation shall have a perpetual existence unless dissolved according to law.

21 Jan 29 PM 4: 31

ARTICLE VII - PURPOSE

The purposes for which this corporation is organized are:

- (a) To engage and transact any and all lawful business which corporations normally do within the State of Florida.
- (b) To operate any legal business at the wholesale or retail level (or both) including but not limited to the sales or services of a retail operation.

ARTICLE VIII - INDEMNIFICATION

This corporation shall indemnify any officer or director, or any agent, to the full extent permitted by law.

ARTICLE IX - INITIAL BOARD OF DIRECTORS

The business of this corporation shall be managed by a Board of Directors consisting of one or more members, the exact number to be determined from time to time in accordance with the By-Laws. The initial Board of Directors shall consist of one director as follows:

Yudanis Ledesma

Director and President 12460 SW 218 St Miami, FL 33170

ARTICLE X - BY-LAWS

The Board of Director shall adopt By-Laws for this Corporation which may be amended, altered or repealed by the shareholders or directors in any manner permitted by law.

The undersigned incorporator has executed these Articles of Incorporation this $\underline{13^{711}}$ day of January 2021

Vudanie Lodesma

21 J점 29 원 다 31

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registererd agent, in the State of Florida.

I. The name of the corporation is	- 		
2. The name and address of the registered agent and office is:	_ ·		
Yudanis Ledesma Name			
12460 SW 218 St, Miami FL 33170 Address			
The following officer of this corporation has authorized the above person and office to be its registered agent and registered office.	MIMIN	21 JAH 29	
Signature du Court	16 17 17	9 7 4:	- -
Title President	₹-1 3	3	
Date 01-13-202/			,

ACCEPTANCE BY AGENT

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT

Signature ____

Date 01-13-202/