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.

·(((H21000063209 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019

Phone : (305)552-5973

Fax Number

: (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

## FLORIDA PROFIT/NON PROFIT CORPORATION MY SPA PEMBROKE PINES CORP

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

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE 1** NAME: The name of the corporation is:

## MY SPA PEMBROKE PINES CORP

ARTICLE II PRINCIPAL OFFICE:		
The principal street address and mailing address is:		
8726 NW 26 ST		
Unit 8		
Doral, FL 33172		
ARTICLE III SHARES: The number of shares of stock is: 100		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE	irs:	
Maribel C Assiso de Cristiani - President		
1537 SW 186 Terrace	<u> </u>	21
Pembroke Pines, FL 33029		1 FEB
Massimiliano Cristiani - Secretary	() () () ()	
8726 NW 26 St., Unit 8	:	
Doral, FL 33172	<u> </u>	—ვ: —2
	3:4	
ARTICLE V INITIAL REGISTERED AGENT AND STREET A		
The name and Florida street address (PO Box not acceptable) of the register	ered ager	ıt is:
Consulting Services of South Florida Inc		_
2121 Ponce de Leon Blvd., Suite 1050	-	_
Coral Gables, Fl. 33134	. <u> </u>	_
ARTICLE VI INCORPORATOR: The name and address of the Inco	orporato	r is:
Antonio Garcia	-	_
2121 Ponce de Leon Bivd. Ste 1050		
Coral Gables, FL 33134		

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

Registered Agent

02-10-2021

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.

\_\_

ncorporator

02-10-2021

Date

ANASSIE HISBN