

P21000038476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

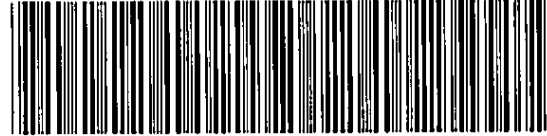
(Business Entity Name)

(Document Number)

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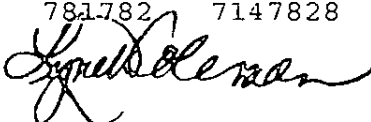
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TALLAHASSEE, FL

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 781782 7147828

AUTHORIZATION :



COST LIMIT : \$ 70.00

ORDER DATE : April 26, 2021

ORDER TIME : 11:20 AM

ORDER NO. : 781782-005

CUSTOMER NO: 7147828

DOMESTIC FILING

NAME: MIA AESTHETICS CLINIC HOLDINGS  
JUNIOR, P.A.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 28, 2021

CSC

**RESUBMIT**  
Please give original  
submission date as file date.

SUBJECT: MIA AESTHETICS CLINIC HOLDINGS JUNIOR, P.A.  
Ref. Number: W21000058273

We have received your document for MIA AESTHETICS CLINIC HOLDINGS JUNIOR, P.A. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 821A00008806

**ARTICLES OF INCORPORATION**

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

FILED

**ARTICLE I NAME**

The name of the corporation shall be: Mia Aesthetics Clinic Holdings Junior, P.A.

2021 APR 27 PM 5: 01

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

14000 SW 119th Ave. Suite 100  
Miami, FL 33186

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To engage in the practice of cosmetic surgery

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Dr. Sergio Alvarez, President

Name and Title: \_\_\_\_\_

Address 14000 SW 119th Ave. Suite 100  
Miami, FL 33186

Address: \_\_\_\_\_

Name and Title: Dr. Sergio Alvarez, Sole Director

Name and Title: \_\_\_\_\_

Address 14000 SW 119th Ave. Suite 100  
Miami, FL 33186

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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: Christian Alvarez

Address: 14000 SW 119th Avenue

Miami, FL 33186

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Dr. Sergio Alvarez

Address: 14000 SW 119th Ave. Suite 100

Miami, FL 33186

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

DocuSigned by:

Christian Alvarez  
844E8EB9AE75441... Required Signature/Registered Agent

4/24/2021

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.*

DocuSigned by:

Sergio Alvarez  
Required Signature/Incorporator

4/24/2021

Date