

**P 21000050150**

**Florida Department of State  
Division of Corporations  
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Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
NELLY LASER CENTER CORP**

Certificate of Status	<b>0</b>
Certified Copy	<b>1</b>
Page Count	<b>03</b>
Estimated Charge	<b>\$78.75</b>

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21 MAY 25 AM 11:07

2021 MAY 25 PM 4:33

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME:** The name of the corporation is:Nelly Laser Center Corp**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:


9467 NW 42 St Sunrise FL 33351**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICER:**Nelly Gonzalez (PRESIDENT)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

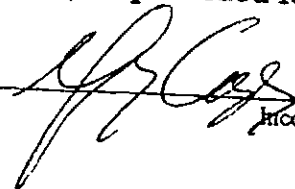
NELLY GONZALEZ  
9467 NW 42 ST  
SUNRISE FL 33351**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:NELLY GONZALEZ  
9467 NW 42 ST  
SUNRISE FL 33351

**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

  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator \_\_\_\_\_ Date \_\_\_\_\_