

P21000057017

Florida Department of State
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.

(((H21000237805 3)))



H210002378053ABC

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 : I20000000019
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
B ANGELS AESTHETICS SPA INC**

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

FILED
CLERK OF DISTRICT COURT
JANUARY 16 2016
TALLAHASSEE, FLORIDA

21 JUN 16 AM 7:07

2016 JUN 16 PM 4:28

ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:B ANGELS AESTHETICS SPA
INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

14268 SW 181 ST
MIAMI, FL 33177**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**(VP) (P) BETSABE ZALDIVAR
MANUEL JOSE AMIGO Guillen**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Manuel Jose Amigo Guillen
14268 SW 181 ST
Miami FL 33177**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Manuel Jose Amigo Guillen
14268 SW 181 ST
Miami FL 33177

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 § 817.155, F.S.



Incorporator_____
Date