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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
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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
"ONE PIECE BODY SHOP CORP"

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

53 6/29/21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

21 JUN 28 PM 3:21

21 JUN 28 PM 4:19

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: "ONE PIECE BODY SHOP CORP"

ARTICLE II PRINCIPAL OFFICEPrincipal street address

6220 EAST 4TH AVE

HIALEAH, FL 33013

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE GENERAL NATURE OF THE BUSINESS AND OBJECTS

AND PURPOSED TO BE TRANSACTED AND CARRIED ON BY THIS CORPORATION ARE TO DO ANY AND

ALL OF THE THINGS HEREIN MENTIONED, AS FULLY AND TO THE SAME EXTENT AS NATURAL PERSONS

MIGHT DO:

1) TRANSACT ANY AND ALL LAWFUL BUSINESS

2) SAID CORPORATION SHALL FURTHER HAVE POWERS

TO HAVE PERPETUAL SUCCESSION BY IT'S CORPORATE NAME "ONE PIECE BODY SHOP CORP"

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OSMAL JOSUE ZELEDON SUAREZ

Name and Title: DP/DVP

Address: 6220 EAST 4TH AVE

Address:

HIALEAH, FLORIDA 33013

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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TALLAHASSEE, FLORIDA

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: OSMAL JOSUE ZELEDON SUAREZ
 Address: 6220 EAST 4TH AVE
 HIALEAH, FL 33013

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 TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

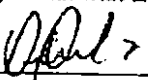
Name: OSMAL JOSUE ZELEDON SUAREZ
 Address: 6220 EAST 4TH AVE
 HIALEAH, FL 33013

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

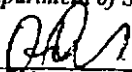


 Required Signature/Registered Agent

06/25/2021

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.



 Required Signature/Incorporator

06/25/2021

Date