

P21000061062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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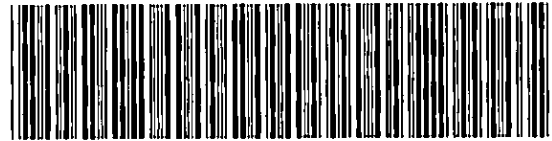
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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21 JUL -1 AM 8:25

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2021 JUL 30 PM 3:08

J DENNIS

JUL 01 2021

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: SCULPTING VENUS INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: RAISA COCAR
Name (Printed or typed)

18794 N.W. 80th AVENUE
Address

HIALEAH, FLORIDA 33015
City, State & Zip

(305) 528-8987
Daytime Telephone number

RAISAD4@AOL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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

21 JUL -1 2018 8:25

ARTICLE I NAME

The name of the corporation shall be: SCULPTING VENUS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
811 N.E. 125th STREET
NORTH MIAMI, FL 33161

Mailing address, if different is:
18794 NW 80th AVE
HIALEAH, FL 33015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO RENDER SERVICE(S) IN
ANY AND ALL SERVICES WITH RESPECT TO
HEALTH CARE, BEAUTY, HEALTH AND WELLNESS,
OB/GYN SERVICE(S); AND ANY OTHER RELATED
SERVICE(S) OF THE MEDICAL FIELD TO INCLUDE
BUT NOT LIMITED TO THE AFOREMENTIONED.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Raisa Cocar/secretary</u>	Name and Title:	<u>Raisa Cocar</u> <u>President/C.E.O</u>
Address:	<u>2025 Opa-locka Blvd.#212</u> <u>OPA-LOCKA, FL 33054</u>	Address:	<u>2025 Opa-locka Blvd.#212</u> <u>opa-locka, FL 33054</u>

Name and Title:	<u>Raisa Cocar</u> <u>Treasurer</u>	Name and Title:	<u>Raisa Cocar</u> <u>V.P./C.O.O</u>
Address:	<u>2025 Opa-locka Blvd.#212</u> <u>Opa-locka, FL 33054</u>	Address:	<u>2025 Opa-locka Blvd.#212</u> <u>opa-locka, FL 33054</u>

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: Raisa Cocar

Address: 18794 NW 80th AVE

HIALEAH, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Raisa Cocar

Address: 2025 OPA-LOCKA BLVD / # 212

OPA-LOCKA, FL 33054

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: July 1, 2021 (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

Raisa Cocar

Required Signature/Registered Agent

June 30, 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.

Raisa Cocar

Required Signature/Incorporator

June 30, 2021

Date