

From  
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#669 P.002/004

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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : S&S ACCOUNTING SERVICES, INC.  
Account Number : I20190000091  
Phone : (786)212-0491  
Fax Number : (305)454-6657

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

SECRETARY OF STATE  
TALLAHASSEE, FL

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**FLORIDA PROFIT/NON PROFIT CORPORATION  
EZTETIKUS BEAUTY & SPA CORP**

Certificate of Status	0
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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: EZTETIKUS BEAUTY & SPA CORP.

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
2280 SW 32 AVE APT 302  
CORAL GABLES, FL 33145

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ELDER ALFREDO PEREZ AHUMADA, P

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

Address 2280 SW 32 AVE APT 302

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

CORAL GABLES, FL 33145

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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TALLAHASSEE, FL

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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: ELDER ALFREDO PEREZ AHUMADAAddress: 2280 SW 32 AVE APT 302CORAL GABLES, FL 33145**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: S&S ACCOUNTING SERVICES INC.Address: 3383 NW 7 ST SUITE 304MIAMI, FL 33125**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 Agent06/23/2021  
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/Incorporator06/23/2021  
Date

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SECRETARY OF STATE

TALLAHASSEE, FL