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Division of Corporations

Fax Number : (850)617-5381

## From:

Account Name : WISE TAX FIRM INC.

Account Number : I20210000018 Phone : (786)620-0091

Fax Number : (786)227-5631

\*\*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 Purpose Advanced Esthetics Inc.

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## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

a	RTICLE II PRINCIPAL OFFICE:	
The pr	fincipal street address and mailing address is:	
	5024 TOWNCENTER CIRCLE	
w	NAPLES, FL 34119	<del></del>
RTICLE III SHAI	RES: The number of shares of stock is: 100	······································
ARTICLE IV	INITIAL DIRECTORS AND/OR OFFICERS:	}~
	GENEVIEVE GOSSET	*
6024 TOWN	ICENTER CIRCLE, NAPLES, FL 34119	
		ب <sub>وط</sub> ا 
ARTICLE V INIT	AL REGISTERED AGENT AND STREET ADDRE	SS:
ARTICLE V INITI	eet address (PO Box not acceptable) of the registered ag	SS:
he name and Florida str	eet address (PO Box not acceptable) of the registered ag-	SS:
he name and Florida str	eet address (PO Box not acceptable) of the registered ag	SS:
The name and Florida stre	eet address (PO Box not acceptable) of the registered aga GENEVIEVE GOSSET  OWNCENTER CIRCLE, NAPLES, FL 34119	ent is
The name and Florida stre	eet address (PO Box not acceptable) of the registered ag-	ent is

## Required Signatures:

***************************************	_ Constitute land	01/12/2022
	Registered Agesia	Date