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## FLORIDA PROFIT/NON PROFIT CORPORATION "ATMA SPA CORP"

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

T. SCOTT

APR 1 2 2022

## ARTICLES OF INCORPORATION

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

RTICLE II PRINCI	PAL OFFICE	Mailing address.	if different is:
2759 SW 13TH ST	rincipal street address	SAME	
MAMI, FL 33146			
MIXIN, I E 337			
RTICLE III PURPO	SE The corporation is organized is:	HE GENERAL NATURE OF THE BUSD	NE3S AND OBJECTS
MINDOCED TO F	RE TRANSACTED AND CARR	JED ON BA THIS COST OF THE	DIA YAA OO CIT.
ALL OF THE THING	S HEREIN MENTIONED, AS F	ULLY AND TO THE SAME EXTENT A	S HATURAL PERSONS
MIGHT DO:			
I) TRANSACT ANY A	AND ALL LAWFUL BUSINESS	·	
2) SAID CORPORATION	on shall further have I	POWERS	
TO HAVE PERPETUA	AL SUCCESSION BY IT'S COR	PORATE NAME "ATMA SPA CORP"	
The number of shares of	stock is:	CTORS  Name and Title:	
ARTICLE IV SHAR The number of shares of ARTICLE V INITL  Name and Titl	stock is:	CTORS  Name and Title:	
The number of shares of	AL OFFICERS AND/OR DIRECT STREET STRE	Name and Title:	
The number of shares of  ARTICLE V NITL  Name and Titl	stock is:	Name and Title:	
The number of shares of  ARTICLE V NITL  Name and Titl	AL OFFICERS AND/OR DIRECT STREET STRE	Name and Title:	
The number of shares of  ARTICLE V RNITL  Name and Titl  Address	AL OFFICERS AND/OR DIRECT STATES AND/OR DIRECT STAT	Name and Title: Address:	
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The number of shares of  ARTICLE V INITL  Name and Titl  Address  Name and Titl	AL OFFICERS AND/OR DIRECT STATE OF SW 13TH ST MIAMI, FL 33145	Name and Title:  Address:  Name and Title:	
The number of shares of  ARTICLE V INITE  Name and Titl  Address  Name and Titl  Address	AL OFFICERS AND/OR DIRECT STATE OF SW 13TH ST MIAMI, FL 33145	Name and Title:  Address:  Name and Title:  Address:	22
The number of shares of  ARTICLE V INITE  Name and Titl  Address  Name and Titl  Address	AL OFFICERS AND/OR DIRECT STATE OF SW 13TH ST MIAMI, FL 33145	Name and Title:	22

		•
Name and	d Title:	Name and Title:
Address		Address:
ARTICLE YI	REGISTERED AGENT	and the Charles and complete
The name and F	lorida street address (P.O. Box N JENEISI LOZARDI	NOT acceptable) of the registered agent is:
Name:	2759 SW 13TH ST	
Address:	MIAMI, FL 33145	<del></del>
		<del></del>
ARTICLE VII	INCORPORATOR	
The name and a	ddress of the Incorporator is:	
Name	JENEISI LOZARDI	
Address:	2759 SW 13TH ST	
	MIAMI, FL 33145	
ARTICLE VIII	other than the date of filing:	
Diffective date II	late is listed, the date must be s	specific and cannot be more than five days prior or 90 days after the
(If an effective of		
(If an effective of filing.)		neet the applicable statutory filing requirements, this date will not be list
(If an effective of filing.)	e inserted in this block does not n Effective date on the Department	neet the applicable statutory filing requirements, this date will not be list of State's records.
(If an effective of filing.)  Note: If the date the document's a	effective date on the Department	or state of second for the above stated corneration at the place design
(If an effective of filing.)  Note: If the date the document's a	effective date on the Department	st service of process for the above stated corporation at the place design appointment as registered agent and agree to act in this capacity
(If an effective of filing.)  Note: If the date the document's c  Having been not this certificate, I	effective date on the Department of med as registered agent to accept am familiar with and accept the	of State 2 forcess for the above stated corporation at the place design appointment as registered agent and agree to act in this capacity
(If an effective of filing.)  Note: If the date the document's e  Having been not this certificate, I	med as registered agent to accept am familiar with and accept the Required Signature/Re	st service of process for the above stated corporation at the place design appointment as registered agent and agree to act in this capacity  [04/11/2022]  [gistered Agent]
(If an effective of filing.)  Note: If the date the document's continuous been not this certificate, I	med as registered agent to accept the am familiar with and accept the Roquired Signature/Re	of State 2 forcess for the above stated corporation at the place design appointment as registered agent and agree to act in this capacity