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Florida Department of State
Division of Corporations
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From: Account Name : SUPER TAX PLUS
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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: Lisbeth.super-tax-plus@gmail.com

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TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION
QAWA SKYN CARE CORP.

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Certificate of Status	0
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COVER LETTER

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

SUBJECT: QAWA SKYN Care Corp.
(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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
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 Status

ADDITIONAL COPY REQUIRED

FROM: Lizbeth Beltran
Name (Printed or typed)

1275 W. 47th PL Suite 315
Address

Hialeah, FL 33012
City, State & Zip

786-656-2034
Daytime Telephone number

Lisbeth-supertaxplus@gmail.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)

ARTICLE I NAME

The name of the corporation shall be: QAWA SKYN Care Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 9191 Fontainebleau Blvd. unit 6
Miami, FL 33172

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: 1000 shares of common stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: (P) Ada S. Velasquez Name and Title: _____
Address: Rojas Address: _____
9191 Fontainebleau Blvd. unit 6
Miami, FL 33172

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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SECRETARY OF STATE
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: Lizbeth Beltran
 Address: 1275 W. 47th Pl Suite 315
Hialeah, FL 33012

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Ada S. Velasquez Rojas
 Address: 9191 Fontainebleau Blvd. Unit 6
Miami, FL 33172

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 TALLAHASSEE, FLORIDA

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/26/22 (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

Lizbeth Beltran
 Required Signature/Registered Agent

05/26/22
 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.

ASIR
 Required Signature/Incorporator

05/26/22
 Date