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FLORIDA PROFIT/NON PROFIT CORPORATION
FIGUEREDO ESTHETIC INC

| | |
|-----------------------|---------|
| 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 NAMEThe name of the corporation shall be: FIGUEREDO ESTHETIC INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
7795 W. FLAGLER ST STE 16B
MIAMI, FL 33144Mailing address, if different is:
301 NW 39 AVE
MIAMI, FL 33125**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: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: FRANCISCA FIGUEREDO TAMAYO - PAddress 7795 W. FLAGLER ST STE 16B
MIAMI, FL 33144

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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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: FRANCISCA FIGUEREDO TAMAYO
 Address: 7795 W. FLAGLER ST STE 16B
MIAMI, FL 33144

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: FRANCISCA FIGUEREDO TAMAYO
 Address: 7795 W. FLAGLER ST STE 16B
MIAMI, FL 33144

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

/s/ Francisca Figueredo Tamayo

Required Signature/Registered Agent

 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.

/s/ Francisca Figueredo Tamayo

Required Signature/Incorporator

 Date

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