

2/15/23, 3:59 PM

Division of Corporations

P2300001227

Florida Department of State
Division of Corporations

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To:

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

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

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

Email Address: KISKA666777@YAHOO.COM

FLORIDA PROFIT/NON PROFIT CORPORATION

FaceGymMiami PA

Certificate of Status	1
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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: FaceGymMiami PA**ARTICLE II PRINCIPAL OFFICE**Principal street address19355 Turnberry Way 27DAventura, FL 33180

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Occupational Therapy & Facial Services**ARTICLE IV SHARES**The number of shares of stock is: 1,500 at No Par Value**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Anastasia Antonenko - President/Director

Name and Title: _____

Address

19355 Turnberry Way 27D

Address: _____

Aventura, FL 33180

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Anastasia Antonenko
Address: 19355 Turnberry Way 27D
Aventura, FL 33180

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Anastasia Antonenko
Address: 19355 Turnberry Way 27D
Aventura, FL 33180

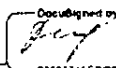
ARTICLE VIII EFFECTIVE DATE:

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 Agent

February 8, 2023

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/Incorporator

February 8, 2023

Date

H23000060324