2/24/23, 11:08 AM Division of Corporations

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : ALEX PINA CO.
Account Number : I20190000095
Phone : (305)803-8471
Fax Number : (305)602-3977

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

Email Address: client@alexpina.co

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FLORIDA PROFIT/NON PROFIT CORPORATION
Legacy Aesthetics Products Corp

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$70.00

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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: Legacy Aesthetics Products Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address: 8400 NW 36th St Ste 450, Doral, FL 33166

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any And All Lawful Purpose.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Juan F Lopez Arango - President

Address: 8400 NW 36th St Ste 450, Doral, FL 33166

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: Alex Pina Co.

Address: 8400 NW 36th St Ste 450

Doral, FL 33166

ARTICLE VII INCORPORATOR

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

Name: Juan F Lopez Arango

Address: 8400 NW 36th St Ste 450

Doral, FL 33166

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 Date: 02/22/2023

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 Date: 02/22/2023