

08/15/20

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LAZARUS CORPORAT

P2

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P23000059679

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
ROBAINA AESTHETICS P.A

Certificate of Status	0
Certified Copy	1
Page Count	03
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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: ROBAINA AESTHETICS P.A**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
5930 SW 108 PL, MIAMI FL 33173
MIAMI FL 33173Mailing address, if different is:

_____**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: NURSE PRACTITIONER

_____**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: STEPHANIE ROBAINA Name and Title: _____Address 5930 SW 108 PL MIAMI FL 33173 Address: _____DIRECTOR - PRESIDENT- SECRETARY

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 AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MARCELO LAW GROUP P.A.
 Address: 8505 BLUE LAGOON DR SUITE 130
MIAMI FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: STEPHANIE ROBAINA
 Address: 5930 SW 108 PL
MIAMI FL 33173

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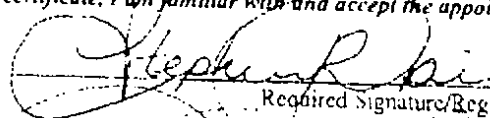
ARTICLE VIII EFFECTIVE DATE:

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.

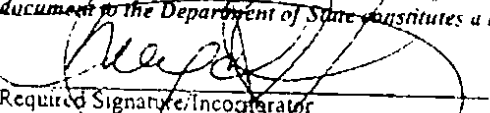
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


 Required Signature/Registered Agent

08/01/2023

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

08/01/2023

Date