

Florida Department of State

Division of Corporations

Electronic Filing System

P2400006689

(((H24000360626 3)))

FL 10-30-24



H240003606263ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I2000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ELEGANT MEDICAL SPA CENTER INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

2024 OCT 29 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

FLORIDA
STATE
FILE

2024 OCT 29 PM 1:01

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Elegant Medical spa Center Inc

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

14750 SW 26st

MIAMI, FL 33185

suite 111

ARTICLE III SHARES: The number of shares of stock is:

100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Louydes Diaz, (P)

2013 OCT 29 PM 1:00

FILED

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Louydes Diaz

14750 SW 26st suite 111

MIAMI, FL 33185

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Louydes Diaz

14750 SW 26st suite 111

MIAMI, FL 33185

I submit
the false
information

Required Signatures:

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

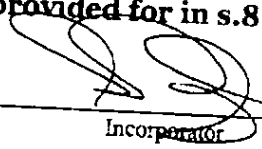


Registered Agent

10-29-24

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.



Incorporator

10-29-24

Date

2024 OCT 29 PM 1:01
DEPT OF STATE
TALLAHASSEE, FL

FILED