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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6331

From: Account Name : WISE TAX FIRM INC.
Account Number : 120210000018
Phone : (786)620-0091
Fax Number : (786)227-5631

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

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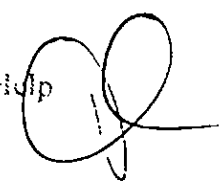
FLORIDA PROFIT/NON PROFIT CORPORATION
Purpose Advanced Esthetics Inc.

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H220000192533

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

PURPOSE ADVANCED ESTHETICS INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

6024 TOWNCENTER CIRCLE

NAPLES, FL 34119

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

GENEVIEVE GOSSET

6024 TOWNCENTER CIRCLE, NAPLES, FL 34119

2022 JAN 11 AM 10:39

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

GENEVIEVE GOSSET

6024 TOWNCENTER CIRCLE, NAPLES, FL 34119

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

GENEVIEVE GOSSET

6024 TOWNCENTER CIRCLE, NAPLES, FL 34119

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

[Handwritten Signature] 01/12/2022
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.

[Handwritten Signature] 01/12/2022
Incorporator Date

2022 JAN 11 AM 10:39
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