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Division of Corporations

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

From:
Account Name : TPBS CORP
Account Number : I20190000112
Phone : (786)389-2779
Fax Number : (305)356-3688

****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
BELLISIMA DE MIAMI INC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

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D. O'KEEFE
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MAY 25 2022

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: BELLISIMA DE MIAMI INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
2050 W 56TH ST STE 12
HIALEAH, FL 33016

Mailing address, if different is:
2666 W 72ND ST
HIALEAH, FL 33016-5419

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KIRENIA MESA MACIAS PRESIDENT Name and Title:

Address 2666 W 72ND ST Address:
HIALEAH, FL 33016-5419

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: KIRENIA MESA MACIAS
Address: 2666 W 72ND ST
HIALEAH, FL 33016-5419

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KIRENIA MESA MACIAS
Address: 2666 W 72ND ST
HIALEAH, FL 33016-5419

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

05/23/2022
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

05/23/2022
Date