

PAYMENT CERTIFICATE FOR AESTHETIC AND PLASTIC SURGERY

The corporation, BELLEZA MARKETPLACE LLC, with address at 66 West Flagler Street Suite 900 - #7961 Miami, FL 33130 Employer Identification Number (EIN): 37-2029048 Telephone: +1 786-766-5777 E-commerce holder: www.bellezaservices.com

You certify that at the end of a free consultation, carried out by VIDEO CONFERENCE, with the E-commerce BELLEZA SERVICES and one of its partner cosmetic surgeons, you have acquired the JET SET CLASS package for the sum who will be indicated by email, after the evaluation of your file and that offers you the following:

- A package that brings together different services offered by the surgeon of your choice.
- A stay of 3 weeks, in one of the most prestigious hotels in the city where the surgeon attends to the patient.
- An interpreter who speaks the patient's language and remains your tour guide.
- A luxury limousine with driver.
- A bodyguard throughout the patient's stay.
- A tour to visit the tourist places of the city.
- A tour of the different national tourist places and a high quality helicopter trip that includes places that the patient requests.

The aesthetic package includes the provision of cosmetic surgery medical services to BELLEZA SERVICES clients throughout the world under the following conditions:

Perform preventive medical evaluation such as complete laboratory tests, to assess the patient's ability to undergo surgery and all that involve the patient's health.

The professional fees of the AESTHETIC and/or PLASTIC SURGEON, including the expenses established to be paid by means of the shipment made by Paypal, or by bank transfer, according to the patient's choice, 100% of the total amount of the JET SET CLASS package to the platform, E -COMMERCE, BELLEZA SERVICES, for the sale of the provision of the professional service, chosen by the client, of the E-commerce BELLEZA SERVICES, which undertakes by this certificate, to put its client in contact with the cosmetic surgeon, offering him the address of the clinic for the patient to travel to the doctor to consume the package JET SET CLASS

Done in Miami FL, on ____/____/____

Signature: _____

Name: _____

Last name: _____

<>ID #: _____ or <>passport #: _____

Nationality: _____

Country of residence: _____