

N1700007904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

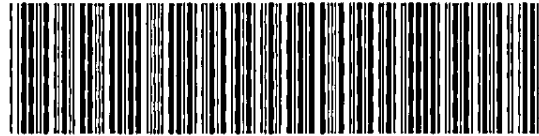
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Harmoney style Inc
(CORPORATE NAME) (DOCUMENT #)

2. _____
(CORPORATE NAME) (DOCUMENT #)

3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

☒ Pick up time: _____

☒ Certified Copy

☐ Certificate Of Status

New Filings	
<input type="checkbox"/>	Profit
<input checked="" type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: HARMONY STYLE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5584 NW 114 AVE

DORAL, FL 33178

Mailing address, if different is:

5584 NW 114 AVE

DORAL, FL 33178

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Our main goal is to share with the public our knowledge and experience of
living a full and healthy live as physical as emotionally. To achieve this goal we develop educational activities such as workshops,
seminars and presentations by specialists, to help people become aware of: The importance of a nutritious food, the necessity of physic
activity, the importance of the preservation and care of environment.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: minutes & by laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MANUEL HIGINIO - (VP)

Address: 5584 NW 114 AVE

DORAL, FL 33178

Name and Title: JOHANN SALINAS - (P)

Address: 5584 NW 114 AVE

DORAL, FL 33178

Name and Title: AIMEE SALINAS - (SEC)

Address: 5584 NW 114 AVE

DORAL, FL 33178

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: JOHANN SALINAS

Address: 5584 NW 114 AVE

DORAL, FL 33178

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOHANN SALINAS

Address: 5584 NW 114 AVE

DORAL, FL 33178

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JULY 28, 2017 (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

07/28/2017

Required Signature of Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

07/28/2017

Required Signature of Incorporator

Date