

P05000053154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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05 APR - 6 11:00  
TALLAHASSEE, FL

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05 APR - 6 PM 1:20  
TALLAHASSEE, FL

4/7/05  
147507



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 7, 2005

LAZARUS

SUBJECT: ACCENTS BY LISBETH HERNANDEZ INC.  
Ref. Number: W05000017707

We have received your document for ACCENTS BY LISBETH HERNANDEZ INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Document Specialist  
New Filings Section

Letter Number: 305A00023853

OFFICE USE ONLY(DOCUMENT #)

**LAZARUS CORPORATE FILING SERVICE**

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ACCENTS BY LISBETH HERNANDEZ INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.00 ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

FILED  
05 APR -6 PM 1:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF  
ACCENTS  
BY LISBETH HERNANDEZ INC.

The undersigned incorporator for the purpose of forming a corporation under the Florida Business Corporation Act hereby adopts the following Articles of Incorporation

ARTICLE I

The name of the corporation shall be:

ACCENTS  
BY LISBETH HERNANDEZ INC.  
ARTICLE II

PRINCIPAL OFFICE

The principal place of business of the said corporation shall be:

8060 SW 152 AVE SUITE 505  
MIAMI FL 33193

ARTICLE III

CAPITAL STOCK

The numbers of shares in stock that this corporation is authorized to have outstanding at any one time is:

FIVE HUNDRED SHARES

ARTICLE IV

INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial Registered Agent is:

Delfin Senande  
686 NW 124 Ave

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05 APR 11 11:11:04  
OFFICE OF THE SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Miami FL 33182

ARTICLE V

INCORPORATOR

The name and address of the incorporator to these  
Articles of Incorporation is:

LISBETH HERNANDEZ  
8060 SW 152 AVE SUITE 5C  
MIAMI FL 33193

IN WITNESS WHEREOF, I the undersigned, being each  
of the original subscribers to the capital stock hereinabove  
named for the purpose of forming a corporation to do  
business both within and without the State of Florida,  
under the laws of Florida State, to make and file these  
Articles of incorporation, hereby declaring and certifying  
that the facts herein stated are true and do respectfully  
agree to take the number of shares hereinabove stated  
set forth, and hereunto set our hands and seal, this  
APRIL 1R. 2005

WITNESS

\_\_\_\_\_



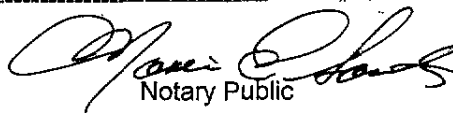
President

LISBETH HERNANDEZ

STATE OF FLORIDA

COUNTY OF DADE

BEFORE ME, the undersigned authority, personally appeared  
LISBETH HERNANDEZ, who is known by me, and declare and  
described in and who executed the foregoing Articles of  
Incorporation and who after being by me first duly sworn, on  
oath, depose and say and do acknowledge before me, that the  
said Articles of Incorporation. To be the act and deed of the  
signers respectively and the facts and matters therein set forth  
are true and correct. \_\_\_\_\_

  
Notary Public

CERTIFICATE OF DESIGNATING RESIDENT AGENT

Pursuant to the provisions of section 607,0501, Florida Statutes  
the undersigned corporation, organized under the laws of the



Maria E. Santos  
My Commission DD303393  
Expires April 13, 2008

state of Florida accept and agree to Delfin Senande  
the Registered office/registered agent, in the State of Florida.

1-The name of the corporation is:

ACCENTS  
BY LISBETH HERNANDEZ INC.

2- The name and address of the Registered Agent is;

DELFIN SENANDE  
686 NW 124 AVE  
MIAMI FL 33182

Having been named to accept service of process for the above  
stated corporation at place designated in the Certificate, I hereby  
accept the appointment as Registered Agent and agree to act on  
this capacity, I further agree to comply with the provisions of  
all statutes relating to the proper and complete performance of  
my duties, and I am familiar with and accept the obligations of  
my position as Registered Agent-----

Delfin Senande  
Registered Agent  
APRIL 1ST 2005

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERD OFFICE**

**HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF  
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE  
DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE  
APPOINTMENT AS REGISTERED AND AGREE TO ACT IN THIS CAPACITY. I  
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES  
RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES,  
AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION  
AS REGISTERED AGENT.**

  
\_\_\_\_\_  
REGISTERED AGENT SIGNATURE

**FILED**  
**05 APR -6 PM 1:20**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**