

P11000070891

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Office Use Only

6250  
W11000039201



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07/25/11--01051--014 \*\*78.75

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2011 AUG -5 PM 2:27

8/8/11

**COVER LETTER**

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

3 pg's

**SUBJECT: NILDA'S BEAUTY SALON UNISEX, CORP.**  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

**FROM: ELYSABET MONTANEZ**

Name (Printed or typed)

**8051 W 24TH AVENUE #8**

Address

**HIALEAH, FL 33016**

City, State & Zip

**305-828-9696**

Daytime Telephone number

**TAXCENTERUSA@LIVE.COM**

E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS  
2011 AUG -5 PM 2:27

**NOTE: Please provide the original and one copy of the articles.**



RECEIVED

11 AUG -5 PM 12:32

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 26, 2011

ELYSABET MONTANEZ  
8051 W 24TH AVENUE #8  
HIALEAH, FL 33016

SUBJECT: NILDA'S BEAUTY SALON UNISEX, CORP.  
Ref. Number: W11000039201

We have received your document for NILDA'S BEAUTY SALON UNISEX, CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

Please return the corrected 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) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 311A00017647

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**AFFIDAVIT**

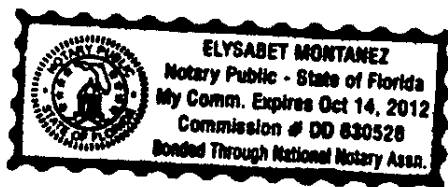
**I, NILDA TRAVIESO FORMER PRESIDENT/DIRECTOR OF  
NILDA'S BEAUTY SALON UNISEX, CORP DOCUMENT NUMBER  
P02000043626 HEREBY STATE THAT I HAVE NO INTENTIONS  
OF REVOCATING THE DISSOLVED CORPORATION AND  
THEREFORE RELEASE THE NAME TO NILDA'S BEAUTY  
SALON UNISEX, CORP.**

  
**NILDA TRAVIESO**

**STATE OF FLORIDA  
COUNTY OF DADE**

  
**NOTARY PUBLIC**

**SEAL**



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SECRETARY OF STATE  
DIVISION OF CORPORATE  
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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FLORIDA  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be:

**NILDA'S BEAUTY SALON UNISEX, CORP.**

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**8325 W 24TH AVE**

**HIALEAH, FL 33016**

Mailing address, if different is:

**SAME**

**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: **NILDA L. TRAVIESO ( P. D. )**

Address: **8325 W 24TH AVE**

**HIALEAH, FL 33016**

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: **DAMARIS RIJO ( T. D. )**

Address: **8325 W 24TH AVE**

**HIALEAH, FL 33016**

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: **CARMEN L. TRAVIESO ( S. D. )**

Address: **8325 W 24TH AVE**

**HIALEAH, FL 33016**

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: **TAX CENTER USA GROUP, LLC**

Address: **8051 W 25TH AVE # 8**

**HIALEAH, FL 33016**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **NILDA TRAVIESO**

Address: **8325 W 24 AVE**

**HIALEAH, FL 33016**

*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*

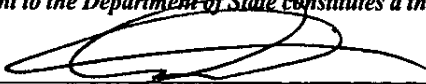


Required Signature/Registered Agent

07/15/11

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

07/15/11

Date