

P12000052212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

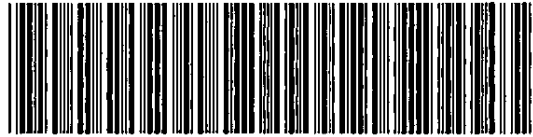
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/24/12--01012--002 **70.00

W2-29053

FILED
12 JUN -7 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

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

SUBJECT: Lymari Veloz
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Lymari Veloz
Name (Printed or typed)

950 Euclid Ave apt 203
Address

Miami Beach, FL 33139
City, State & Zip

754-242-2484
Daytime Telephone number

VickyR2407@yahoo.com
E-mail address: (to be used for future annual report notification)

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



RECEIVED

12 JUN -7 AM 10: 21

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 25, 2012

LYNARI VELOZ
950 EUCLID AVE APT 203
MIAMI BEACH, FL 33139

SUBJECT: LYNARI VELOZ
Ref. Number: W12000029053

We have received your document for LYNARI VELOZ and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6052.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 012A00015282

Please see corrected form

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: Lymari Veloz INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
950 Euclid Ave apt
203 Miami Beach
FL 33139

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Hair stylist

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lymari Veloz
Address: 950 Euclid Ave apt 203
Miami Beach FL 33139

Name and Title: President
Address: _____

Name and Title: Victoria Rebagliati
Address: 950 Euclid Ave apt 203
Miami Beach FL 33139

Name and Title: Treasurer/secretary
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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ARTICLE VI REGISTERED AGENT

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

Name: Victoria Rebagliati
Address: 950 Euclid Ave apt 203
Miami Beach FL 33139

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lymari Veloz
Address: 950 Euclid Ave apt 203
Miami Beach FL 33139

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

X [Signature]
Required Signature/Registered Agent

5/17/12
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.

X [Signature]
Required Signature/Incorporator

5/17/12
Date