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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

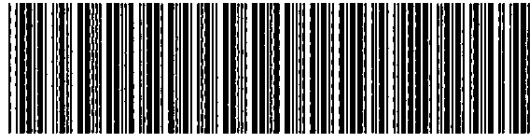
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## COVER LETTER

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

SUBJECT: HAIR DEVINCI ACADEMY  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: VLADIMIR VELAZQUEZ  
Name (Printed or typed)

13499 BISCAYNE BLVD. PH. 1709  
Address

NORTH MIAMI, FL. (33181)  
City, State & Zip

(786) 315-3900  
Daytime Telephone number

VLADIMIR@HAIRDEVINCI.COM  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 29, 2013

VLADIMIR VELAZQUEZ  
13499 BISCAYNE BLVD. PH. 1709  
NORTH MIAMI, FL 33181

SUBJECT: HAIR DEVINCI ACADEMY  
Ref. Number: W13000048254

We have received your document for HAIR DEVINCI ACADEMY and your check(s) totaling \$87.50. 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.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 213A00020586

**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: HAIR DEVINCI ACADEMY INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

13499 BISCAYNE BLVD. PH-1709

NORTH MIAMI, FL (33181)

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO BE A COSMETOLOGY  
BEAUTY SCHOOL.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: VLADIMIR VELAZQUEZ (CEO) Name and Title:

Address: 13499 BISCAYNE BLVD. Address:

PH-1709, NORTH

MIAMI, FL (33181)

Name and Title: Andrew Rosenberg (P) Name and Title:

Address: ~~XXXXXXXXXXXX~~ Address:

1655 Drexel Avenue #211

Miami Beach, FL 33139

Name and Title: Marcel Archer (P) Name and Title:

Address: 1701 NE 115th Apt 18A Address:

Miami, FL 33181

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SECRETARY OF STATE  
DIVISION OF CORPORATION

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: VLADIMIR VELAZQUEZ  
Address: 13499 BISCAYNE BLVD. PH. 1709  
NORTH MIAMI, FL. (33181)

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: VLADIMIR VELAZQUEZ  
Address: 13499 BISCAYNE BLVD. PH. (1709)  
NORTH MIAMI, FL. (33181)

*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*

Vladimir Velazquez 9/7/13  
Required Signature/Registered Agent 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.*

Vladimir Velazquez 8/7/13  
Required Signature/Incorporator Date