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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

13 OCT 21 AM 10:21
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DIVISION OF CORPORATIONS

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
mijor hair design inc

Certificate of Status	0
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COVER LETTER

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

SUBJECT: MIJOR HAIR DESIGN INC.
(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: MARIA C MAGARINO
Name (Printed or typed)

2200 SW 9TH AVENUE
Address

MIAMI FL 33129
City, State & Zip

305-469-1354
Daytime Telephone number

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

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

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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: MIJOR HAIR DESIGN, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3140 NW 99 Street
Miami, FL 33147.

Mailing address, if different is:

3140 NW 99 STREET
MIAMI FL 33147

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100 SHARES 1.00 PER VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Miguel Moreyon P/T
Address: 3140 NW 99 STREET
MIAMI FL 33147

Name and Title: JORGE A CHECHI VICE-PRESIDENT
Address: 7921 W DR APT 4
NORTH BAY VILLAGE
FL 33141

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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(cont.)

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: MIGUEL MOREJON

Address: 3140 NW 99 STREET

MIAMI FL 33147

ARTICLE VII INCORPORATOR

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

Name: MIGUEL MOREJON

Address: 3140 NW 99 STREET

MIAMI FL 33147

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 agrees to act in this capacity

M Morejon
Required Signature/Registered Agent

10/18/2013
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.

M Morejon
Required Signature/Incorporator

10/18/2013
Date

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