## P1500011059

(Requestor's Name)	
(Address)	8002
(Address)	
(City/State/Zip/Phone #)	
	01/1
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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01/09/15--01002--018 \*\*78.75

15 FEB -2 PH 3 33 FILED



## **COVER LETTER**

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

## SUBJECT: SYLVIA'S STYLE 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

\$78.75Filing Fee& Certificate of Status

<b>\$</b> 78.75	\$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL CO	PY REQUIRED

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FROM: Silvia Amanda Panno			
Name (Printed or typed)			
255 E Flagler St Suite 88			
Address			
Miami FL33131			
City, State & Zip			
786-554-2848		15	
Daytime Telephone number		63.2	Т
silviaet20@hotmail.com		-2	Ē
E-mail address: (to be used for future annual report notification)		PH	0
	<u>S</u> T	ب	
	SH.	မ္မ	
NOTE: Please provide the original and one copy of the articles.		$\sim$	



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FLORIDA DEPARTMENT OF STATE Division of Corporations

LATE ST FLORIBA

January 13, 2015

SILVIA AMANDA PANNO 255 E FLAGLER STREET SUITE 88 MIAMI, FL 33131

SUBJECT: SYLVIA'S STYLE INC Ref. Number: W15000002428

We have received your document for SYLVIA'S STYLE 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):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 315A00000697

FEB -2 PH Π دب ယ္လ

TICLE I N	AME Dration shall be: Sylvia's Style Inc		FILED
	RINCIPAL OFFICE		15 FEB -2 PH 3.
55 E Elagla	Principal <u>street</u> address r St Suite 88	Mailing a	ddress, ifdifferentas; y of stat TALLAHASSEE, FLOR
liami FL 33			TALLANASSEE, FLOR
RTICLE III PU	RPOSE Eastion		••• <u> </u>
e purpose for whic	h the corporation is organized is: Fashion		
	<u></u>		
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Name and	d Title:	_ Name and Title:	
Address		Address:	
<b>ARTICLE VI</b> The <b>name and Fl</b>	<b>REGISTERED AGENT</b> orida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Silvia Amanda Panno	_	
Address:	8770 SW 12 St Apt 208		
	Miami FL 33174		
ARTICLE VII	INCORPORATOR		
The <u>name and ad</u>	dress of the Incorporator is:		
Name:	Silvia Amanda Panno	_	
Address:	8770 SW 12 St Apt 208		
	Miami FL 33174	_	
Having been nam this certificate, I a	ned as registered agent to accept service of proces an familiar with and accept the appointment as re	is for the above stated corpor gistered agent and agree to a	ation at the place de ct in this capacity
Su	and		1/2/2015
	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein are		

Required Signature/Incorporator

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Date

