

P/15000023656

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000061403 3)))



H150000614033ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : CLARA GIRALDO, P.A.
Account Number : I1999000017
Phone : (305)485-9300
Fax Number : (305)485-1098

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

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR 11 AM 7:38

APPROVAL
AND
FILED

**FLORIDA PROFIT/NON PROFIT CORPORATION
ZOYLA SALON, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

1/4

15 MAR 11 AM 7:38

H15 0000 614083
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

ZOYLA SALON, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

ZOYLA SALON, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:
To have perpetual succession by its corporate

name:

ZOYLA SALON, INC.

H15 0000 614033

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

**ZOILA AGOSTA
8810 FOUNTAINEBLEAU BLVD APT # 410
MIAMI, FL. 33172**

The principal office shall be:

**8810 FOUNTAINEBLEAU BLVD APT # 410
MIAMI, FL. 33172**

H15 0000 614033

ARTICLE V

The initial Board of Directors shall consist of a total of **ONE(01)** person, and the name and address of the person who is to serve as initial directors is :

ZOILA AGOSTA
8810 FOUNTAINEBLEAU BLVD APT # 410
MIAMI, FL. 33172

PRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is

ZOILA AGOSTA
8810 FOUNTAINEBLEAU BLVD APT # 410
MIAMI, FL. 33172

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 09 day of MARCH, 2015.



ZOILA AGOSTA

H15 0000 614033
15 MAR 11 AM 7:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

ZOYLA SALON, INC.

2. The Name and Address of the registered agent and office is:

**ZOILA AGOSTA
8810 FOUNTAINEBLEAU BLVD APT # 410
MIAMI, FL. 33172**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE


Dated: MARCH 09, 2015.