P1500049789

(Re	questor's Name)	· · · ·		
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(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to	Filing Officer:			
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	Office Use Or	alv.		

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05/18/15--01013--016 **70.00

EFFECTIVE DATE (10/15

15 JUN -5 PM 2: 22

JUN 8 2015 S. GILBERT

COVER LETTER

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

SUBJECT:	NNY	HAIR DESIGN, INC			
		(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an	origi	nal and one (1) copy of the art	icles of incorporation and	d a check for:	
■ \$70.6 Filing F		\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
			ADDITIONAL CO	DPY REQUIRED	
FROM	MAI :	RIA E RUIZ Name	e (Printed or typed)		
	7750	SW 117TH AVE SUITE 201D			
	Address				
	MIA	MI FLORIDA 33183			
	City, State & Zip				
	305 5	595-2407			
		Daytime T	elephone number		
	MAR	LIAQUIROS9@HOTMAIL.COM			
		E-mail address: (to be used	d for future annual report	notification)	

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

May 8, 2015

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

Re: Lenny Hair Design, Inc P13000087216

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me 305 595-2407.

Sincerely,

Lenny C. Guevara

FOL G160 62369709 EXP 6/2018

Notary Public State of Florida Diana Manso

My Commission EE 204554 Expires 06/04/2016



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

May 20, 2015

MARIA E RUIZ 7750 SW 117TH AVENUE, SUITE 201D MIAMI, FL 33183

SUBJECT: LENNY HAIR DESIGN, INC.

Ref. Number: W15000035925

We have received your document for LENNY HAIR DESIGN, INC. 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 effective date is not acceptable since it is not within five working days of the date of receipt.

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.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 315A00010695

EFFECTIVE DATE 6-10-18

F.S. (Profit)

15 July

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporat	ion shall be: LENNY HAIR DESIGN, IN	C	15 JUN-5 PM 2:22
ARTICLE II PRINC			ddress, if different is: AF
11581 NW 68 TERRAC	CE address	7750 SW 117TH A	AVE SUITE 201D
DORAL, FLORIDA 33	178	MIAMI, FLORID	A 33183
ARTICLE III PURPO The purpose for which the	SE EINF 4C -395/32 ANY ANI ac corporation is organized is:	△ DALL LEGAL PURPOSES	
ARTICLE IV SHARE The number of shares of share	LOFFICERS AND/OR DIRECTORS	Name and Title:	
Address	11581 NW 68 TERRACE		
Address	DORAL, FLORIDA 33178	Address:	
Name and Title:		Name and Title:	
Address			
Audress		Address.	
Name and Title:		Name and Title:	
Address			

Name a	and Title:	Name and Title:	·
Addre	ess	Address:	, , , , , , , , , , , , , , , , , , ,
	REGISTERED AGENT Florida street address (P.O. Box NOT accepta	hia) of the registered exent is:	
Name:	LENNY C GUEVARA	one) of the registered agent is:	
Address:	11581 NW 68 TERRACE		
	DORAL FLORIDA 33178		
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		
The <u>name and</u>	address of the Incorporator is:		
Name:	LENNY C GUEVARA		
Address:	11581 NW 68 TERRACE		
	DORAL FLORIDA 33178		
Note: If the da	if other than the date of filing: date is listed, the date must be specific and filing.) ate inserted in this block does not meet the applicate feetive date on the Department of State's recommendation.	icable statutory filing requiremen	
	amed as registered agent to accept service of p I am familiar with and accept the appointment Required Signature/Registered Agen	as registered agent and agree to	
I submit this de document to the	ocument and affirm that the facts stated herei e Department of State constitutes a third degree	in are true. I am aware that the e felony as provided for in s.817.	false information submitted in a 155, F.S. $\frac{\sqrt{2/2}}{\sqrt{2}}$
Rea	uned Signature/Incorporator	·····	Date