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S. GILBERT
TALLAHASSEE, FLORIDA

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S. GILBERT

COVER LETTER

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

SUBJECT: TRANQUILITY AT KENDALL SALON AND SPA, 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: DANIEL A. CASTRILLON DE ABREU

Name (Printed or typed)

7570 NW 113TH PATH

Address

MEDLEY, FLORIDA 33178

City, State & Zip

(786) 567-1757

Daytime Telephone number

tox_daniel@hotmail.com

E-mail address: (to be used for future annual report notification)

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

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: TRANQUILITY AT KENDALL SALON AND SPA, I.A.C.

ARTICLE II PRINCIPAL OFFICE

Principal street address
12771 SW 88TH STREET

MIAMI, FLORIDA, 33178

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation is organized for the purpose of transacting any and all business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN TORIBIO

Address: 9570 NW 41 STREET

DORAL, FLORIDA 33178

Name and Title: Daniel A. Castrillon de Abreu

Address: 7570 NW 113TH PATH

MEDLEY, FLORIDA 33178

Name and Title: RICARDO E. CASTRILLON DE ABREU

Address: 7570 NW 113TH PATH

MEDLEY, FLORIDA 33178

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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: DANIEL A. CASTRILLON DE ABREU
Address: 7570 NW 113TH PATH
MEDLEY, FLORIDA 33178

ARTICLE VII INCORPORATOR

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

Name: DANIEL A. CASTRILLON DE ABREU
Address: 7570 NW 113TH PATH
MEDLEY, FLORIDA 33178

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Required Signature/Registered Agent
10/13/15
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.

Required Signature/Incorporator
10/13/15
Date