

P16000085586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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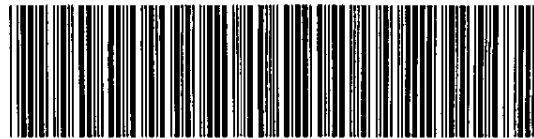
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 OCT 20 AM 11:05
STATE OF FLA
TALLAHASSEE FLORIDA

10/25/16

COVER LETTER

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

SUBJECT: ALONSO'S SALON BY KIUSTIN, CORP.

(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: KIUSTIN MONTERO ALONSO

Name (Printed or typed)

36 EAST 5th STREET

Address

HIALEAH, FL 33010

City, State & Zip

305-889-0172

Daytime Telephone number

krmontero@yahoo.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: ALONSO'S SALON BY KIUSTIN, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

36 EAST 5th STREET

HIALEAH, FL 33010

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KIUSTIN MONTERO ALONSO

Name and Title: PRESIDENT

Address 36 EAST 5th STREET

Address: 36 EAST 5th STREET

HIALEAH, FL 33010

HIALEAH, FL 33010

Name and Title: JOSE M. MATA ALONSO

Name and Title: VICE PRESIDENT

Address 36 EAST 5th STREET

Address: 36 EAST 5th STREET

HIALEAH, FL 33010

HIALEAH, FL 33010

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

16 OCT 20 AM 11:05
SEC. OF STATE
TALLAHASSEE FLORIDA

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: KIUSTIN MONTERO ALONSO

Address: 36 EAST 5th STREET

HIALEAH, FL 33010

16 OCT 20 AM 11:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: KIUSTIN MONTERO ALONSO

Address: 36 EAST 5th STREET

HIALEAH, FL 33010

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

10/17/16
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

10/17/16
Date