

# P17000005036

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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### FLORIDA PROFIT/NON PROFIT CORPORATION NELLYS BEAUTY SALON CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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17 JAN 19 PM 5:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of Nellys Beauty Salon Corporation of Doc # P93000064300 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,

Nelly Sequeira

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**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: NELLYS BEAUTY SALON CORPORATION

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: NELLY SEQUEIRA Mailing address, if different is:  
2291 SW 2ND TERR  
MIAMI, FLORIDA 33135

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: BEAUTY SALON

**ARTICLE IV SHARES**  
The number of shares of stock is: 100 SHARES @ 1.00 PER VALUE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: PRESIDENT NELLY SEQUEIRA Name and Title:  
Address: 2291 SW 2ND TERR Address:  
MIAMI  
FLORIDA 33135

Name and Title: \_\_\_\_\_ Name and Title:  
Address: \_\_\_\_\_ Address:

Name and Title: \_\_\_\_\_ Name and Title:  
Address: \_\_\_\_\_ Address:

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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: NELLY SEQUEIRA  
 Address: 2291 SW 2ND TERR  
MIAMI, FLORIDA 33135

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: NELLY SEQUEIRA  
 Address: 2291 SW 2ND TERR  
MIAMI, FLORIDA 33135

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01/09/2017 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

X Nelly Sequeira \_\_\_\_\_ 01/09/2017  
 Required Signature/Registered Agent 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.*

X Nelly Sequeira \_\_\_\_\_ 01/09/2017  
 Required Signature/Incorporator Date

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