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Florida Department of State
Division of Corporations
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Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
LISSET BEAUTY SALON INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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17 MAR 20 PM 4:24

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MAR 21 2017

T. SCOTT

H17000077060

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

ARTICLE I NAME LISSET BEAUTY SALON INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

6801 SW 8 ST STE 106

6801 SW 8 ST STE 106

MIAMI FL 33144

MIAMI FL 33144

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

ARTICLE IV SHARES 100
The number of shares of stock is:

17 MAR 20 AM 10:16
STATE OF FLORIDA
SECRETARY OF STATE

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AND
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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT LISSET C SUAREZ Name and Title: _____
Address: 6801 SW 8 ST Address: _____
STB 106 _____
MIAMI FL 33144 _____

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: LISSET C SUAREZ
 Address: 6801 SW 8 ST STE 106
MIAMI FL 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LISSET C SUAREZ
 Address: 6801 SW 8 ST STE 106
MIAMI FL

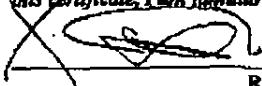
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/20/2017 (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.)

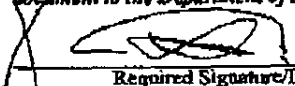
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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



 Required Signature/Registered Agent Date 03/20/2017

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 Date 03/20/2017

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