## P1700062285

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	<del></del>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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EFFECTIVE DATE 67/05/17

X. 07/24/17

July 10, 2017

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

Re: E & Y BEAUTY DISTRIBUTION INC

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.

Sincerely,

Elisandra Barzaga

MELISSA QUIROS

Notary Public - State of Florida

Commission # FF 938163

My Comm. Expires Nov 22, 2019

Bonded through National Notary Assn.

## **COVER LETTER**

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

SUBJECT: E&YI	BEAUTY DISTRIBUTION INC		
SUBJECT:	(PROPOSED CORPOR	ATE NAME - <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL COPY REQUIR	
FROM:		e (Printed or typed)	
——————————————————————————————————————	50 SW 117TH AVE SUITE 201D	Address	<del></del>
		Address	
MI	AMI FLORIDA 33183		
	City	, State & Zip	
305	5 595-2407		
	Daytime	Telephone number	
MA	ARIAQUIROS9@HOTMAIL.COM		
-	F-mail address: (to be use	ed for future annual report i	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)

<i>ICLE II PRIN</i> 42 SW 93 AVE	Principal street address	7750 SW	Mailing address, if different is: 7750 SW 117TH AVE SUITE 201D	
MIAMI FLORIDA 33187		MIAMI	FLORIDA 331	83
TICLE III PUR e purpose for which	POSE 1 the corporation is organized is:  ANY ANE	O ALL LEGAL PU	RPOSES	
				74. 7
		<del> </del>		
	<u>,                                     </u>		<del></del>	- <del>-                                  </del>
				LERIDA LERIDA
	of stock is:			λ 3
e number of shares ETICLE V INIT	of stock is:  CIAL OFFICERS AND/OR DIRECTORS itle:  ELISANDRA BARZAGA, PRES  20542 SW 93 AVE		e: YOAN BAR 20542 SW 93	ZAGA, VP
e number of shares  ETICLE V INIT  Name and T	CIAL OFFICERS AND/OR DIRECTORS ELISANDRA BARZAGA, PRES  11le: 20542 SW 93 AVE	Name and Title	20542 SW 93	ZAGA, VP
e number of shares  ETICLE V INIT  Name and T  Address	Of stock is:  CIAL OFFICERS AND/OR DIRECTORS  ELISANDRA BARZAGA, PRES  20542 SW 93 AVE	Name and Title Address:	MIAMI, FLO	ZAGA, VP B AVE DRIDA 33189
e number of shares  ETICLE V INIT  Name and T  Address	ELISANDRA BARZAGA, PRES  20542 SW 93 AVE  MIAMI FLORIDA 33189  Ele: Rodriso Barbosa Sec.	Name and Title Address:  Name and Title Address:	MIAMI, FLC	ZAGA, VP B AVE DRIDA 33189
e number of shares  RTICLE V INIT  Name and Ta  Address  Name and Ta	CIAL OFFICERS AND/OR DIRECTORS  ELISANDRA BARZAGA, PRES  20542 SW 93 AVE  MIAMI FLORIDA 33189	Name and Title Address:  Name and Title Address:	MIAMI, FLO	ZAGA, VP B AVE DRIDA 33189
e number of shares  RTICLE V INIT  Name and Ta  Address  Name and Ta  Address	CIAL OFFICERS AND/OR DIRECTORS  ELISANDRA BARZAGA, PRES  20542 SW 93 AVE  MIAMI FLORIDA 33189  ELISANDRA BARZAGA, PRES  20542 SW 93 AVE  MIAMI FLORIDA 33189  ELISANDRA BARZAGA, PRES  20542 SW 93 AVE  MIAMI FLORIDA 33189	Name and Title Address: Name and Title Address: Address:	MIAMI, FLO	ZAGA, VP B AVE DRIDA 33189
e number of shares  RTICLE V INIT  Name and Ta  Address  Name and Ta  Address	MIAMI FLORIDA 33189  The: Rodriso Barbosa Sca.  103 S.E. 2.1 J.  Hiam. R. 33131	Name and Title Address: Name and Title Address: Name and Title	MIAMI, FLO	ZAGA, VP B AVE DRIDA 33189

Name ar	nd Title:	Name and Title:	<del></del>
Address		Address:	
		<del></del>	
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT accep	stable) of the registered agent is:	
Name:	ELISANDRA BARZAGA		
Address:	20542 SW 93 AVE	<del></del>	
	MIAMI FLORIDA 33189		
<u>ARTICLE VII</u>	INCORPORATOR		7 JUL 21 AH 10: 18
The name and a	ddress of the Incorporator is:		9.
Name:	ELIZANDRA BARZAGA		1
Address:	20542 SW 93 AVE		O: LE
	MIAMI FLORIDA 33189		⊅
Effective date, i (If an effective filing.)  Note: If the dat	fother than the date of filing:    h 2.5   1     date is listed, the date must be specific an   e inserted in this block does not meet the ap   effective date on the Department of State's r	d cannot be more than five day plicable statutory filing requirem	s prior or 90 days after the
Having been na this certificate	imed as registered agent to accept service of am familian with and accept the appointment	process for the above stated con nt as registered agent and agree	poration at the place designated in to act in this capacity
K ILW	re/ii		<u>- 7/15/17</u>
Required Signature/Registered Agent		gent	Date
	ocument and affirm that the facts stated he. Department of State constitutes a third deg		
( ! \ (	· inthis		hlislin
Requ	used Signature/incorporator		/ /Date

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