

06/25/2018 15:05

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LAZARUS CORPOR

FILE 06/25/18

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

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FLORIDA PROFIT/NON PROFIT CORPORATION
TAYLOR PMU CENTER CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: TAYLOR PMU CENTER CORP

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

5757 SW 8TH STREET SUITE 202

4760 NW 5 ST

MIAMI FL 33144

MIAMI FL 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PERMANENT MAKEUP

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JASIEL E GOMEZ

Name and Title: PRESIDENT

Address: 4760 NW 5 ST

Address:

MIAMI FL 33126

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

H18000188064

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JASIEL E GOMEZ
Address: 4760 NW 5 ST
MIAMI, FL 33126

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: JASIEL E GOMEZ
Address: 4760 NW 5 ST
MIAMI, FL 33126

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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 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

06-25-18
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

06-25-18
Date

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