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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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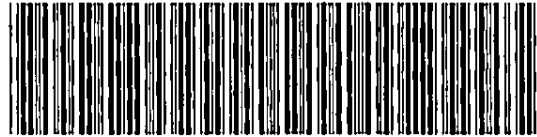
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2018 OCT 22 AM 8:56

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K. Brumbley

## COVER LETTER

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

**SUBJECT:** DORIAN'S HAIR STYLISH SALON, INC

(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** SOMMERS, MARLENIS

Name (Printed or typed)

8230 SW 44 STREET

Address

MIAMI, FL 33155

City, State & Zip

10:00AM-4:00PM

Daytime Telephone number

pmm556@hotmail.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: DORIAN'S HAIR STYLISH SALON, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7795 West Flager Street #40

7795 West Flager Street #40

MIAMI, FL 33144

MIAMI, FL 33144

**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: SOMMERS, MARLENIS (President)

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

Address 1300 NE MIAMI GARDENS DR, 601E

Address: \_\_\_\_\_

MIAMI, FL 33179

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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2010 OCT 22 AM 8:56  
SECRETARY 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: SOMMERS, MARLENIS  
Address: 1300 NE MIAMI GARDENS DR, 601E  
MIAMI, FL 33179

**ARTICLE VII INCORPORATOR**

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

Name: SOMMERS, MARLENIS  
Address: 1300 NE MIAMI GARDENS DR, 601E  
MIAMI, FL 33179

**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 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 Date

## **AFFIDAVIT**

BEFORE ME, the undersigned authority, on this day personally appeared **MARLENIS SOMMERS**, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **DORIAN'S HAIR STYLISH SALON, INC** a Florida corporation to be filed with the Florida Department of State on or about January 17, 2012.
2. The undersigned hereby consents to and authorizes the use by the name **DORIAN'S HAIR STYLISH SALON, INC**
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

  
Marlenis Sommers

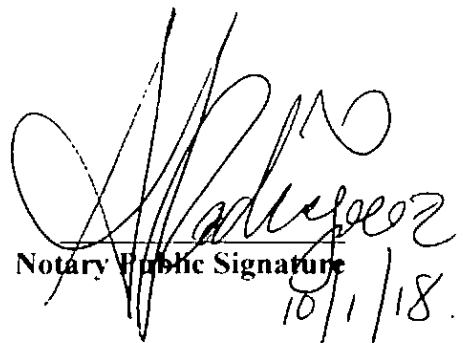
STATE OF FLORIDA           )  
  ) SS:  
COUNTY OF MIAMI-DADE )

PERSONALLY appeared before me, **MARLENIS SOMMERS**, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

**Witness** my hand and official seal this 01<sup>st</sup> day of October, 2018



Adriana Rodriguez  
Commission # GG002334  
Expires: JUNE 14, 2020  
Bonded thru Aaron Notary

  
Notary Public Signature  
10/1/18.