

P19000004667

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000017434 3)))



H190000174343ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
OLY BOUTIQUE SALON CORP.**

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

N. SAMS

JAN 16 2019

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Oly Boutique Salon corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

7501 SW 117 AVEUNIDAD 833419MIAMI FL. 33283**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**MEBYS B RODRIGUEZ (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**


The name and Florida street address (PO Box not acceptable) of the registered agent is:

MEBYS B RODRIGUEZ7501 SW 117 AVE Unit 833419MIAMI FL. 33283**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:MEBYS B. RODRIGUEZ7501 SW 117 AVE Unit 833419MIAMI, FL. 33283

19 JAN 15 PM 3:54

Required Signatures:


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



Registered Agent

1/15/2019
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.



Incorporator

1/15/2019
Date

19 JAN 15 PM 3:54