

P19 000 039 869

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.

(((H19000156836 3)))



H190001568363ABC6

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  
D'ARMAS NAILS, CORP

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

RECEIVED

MAY 13 2019

RECEIVED  
TALLAHASSEE, FLORIDA

19 MAY 13 AM 10:41

FILED



**Florida Department of State**  
**Attention: New Filings Section**

To whom it may concern:

This is to advise that the owners of

D'ARMAS NAILS, CORP

of Document # P18000081678

are the same owners of the attached articles. We have dissolved the company and have no intention of reopening it.

Thank you for your help in this matter.

Thanks,

SILVIO DE ARMAS

FILED  
19 MAY 13 AM 10:14  
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME D'ARMAS NAILS, CORP
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 19020 NW 54TH AVENUE
MIAMI GARDENS, FL 33055
Mailing address, if different is: 19020 NW 54TH AVENUE
MIAMI GARDENS, FL 33055

ARTICLE III PURPOSE ANY AND ALL LAWFUL BUSINESS
The purpose for which the corporation is organized is:

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SILVIO DE ARMAS Name and Title:
Address: PRESIDENT Address:
19020 NW 54TH AVENUE
MIAMI GARDENS, FL 33055

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

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

19 MAY 13 AM 10:41
LAZARUS

AD

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: SILVIO DE ARMAS  
 Address: 19020 NW 54TH AVENUE  
MIAMI GARDENS, FL 33055

FILED  
 19 MAY 13 AM 10:41  
 TALLAHASSEE FL 32304

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SILVIO DE ARMAS  
 Address: 19020 NW 54TH AVENUE  
MIAMI GARDENS, FL 33055

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 05/14/2019 (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 05/14/2019  
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.*

\_\_\_\_\_  
 Required Signature/Incorporator 05/14/2019  
Date