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.

(((H19000215368 3)))



H190002153683ABC2

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	19	
From:		•	<del>س</del> ے	
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	=	
	Account Number	: I20000000019		
	Phone	: (305)552-5973	S.	
	Fax Number	: (305)675-5944	₽	
			=	
leston (	bha amada addas.		••	
enter	cise email addL62	s for this business entity to be used for future	Ç	
ann	nual report mail:	ings. Enter only one email address please.**	£	

## FLORIDA PROFIT/NON PROFIT CORPORATION D GLAM TOUCH SALON & SPA INC

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

C RICO
JUL 1 6 2019

2019 JUL 16 PH L: 52

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:	
D Glam Touch Salon & Spar Inc	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
M: PO Box 28351 Higlech 71 32002	
P: 6441 SW 16 CT Apt C Miami 71 3317	3
ARTICLE III SHARES: The number of shares of stock is: 100  ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE): S:	
Osney Friera Rodríguez (P)	. <b>19</b>
· · · · · · · · · · · · · · · · · · ·	JUL H
	S AP
	OF SIAN
	Tions 53
ARTICLE V INITIAL REGISTERED AGENT AND STREET AUDRESS:  The name and Florida street address (PO Box not acceptable) of the registered agent is:	
Osney Friera Hodriguez	
6441 Sw 116 C+ Ap+ C	
miami F1 33173	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
Osney Friera Rodrigues	
6441 SW 116 C+ MP+ C	
<u>miami</u> F1 2317-3	

## Required Signatures:

Having been named as registered agent to acc	ept service of process for the above stated
corporation at the place designated in this cer	tificate, I am familiar with and accept the
appointment as registered agent a	nd agree to act in this capacity
	,
	7/16/19
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.

7/16/19.

Incorporator Date

SECREGARY OF STATE
STATEMENT CORPORATIONS

10 THE LC ANTI-ES