

P19000073933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

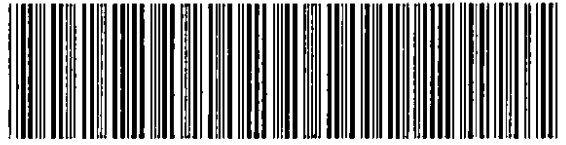
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2019 OCT -1 AM 11:53
19 OCT -1 AM 11:41
STATE OF MASSACHUSETTS
CLERK OF SUPERIOR COURT

COVER LETTER

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

SUBJECT: LATIN SALON & MORE 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

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

FROM: Augusto Valencia
Name (Printed or typed)

222 Broadway Suite 216
Address

Kissimmee FL 34741
City, State & Zip

813-510-0673
Daytime Telephone number

LITOPLAN4U@GMAIL.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: LATIN SALON & More Etc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

AUGUSTO VALENCIA

SAME

222 Broadway suite 216 Kissimmee, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All of Any Business

TO Cosmetology & Salon

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Augusto Valencia P. Name and Title: _____

Address 222 Broadway Suite 216 Address: _____

Kissimmee, FL 34741 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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KISSIMMEE, FL

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: Augusto Valencia
Address: 222 Broadway Suite 216
Kissimmee, FL 34741

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Augusto Valencia
Address: 222 Broadway Suite 216
Kissimmee, FL 34741

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

Augusto Valencia _____ 10/01/19
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.

[Signature] _____ 10/01/19
Required Signature/Incorporator Date