

11/22/2019
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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : FANJUL ENTERPRISES LLC
Account Number : I20190000080
Phone : (305)603-8791
Fax Number : (877)503-6086

****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
TAE'S BEAUTY DEN CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

FILED
19 NOV 22 PM 11:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

ARTICLE I NAME
The name of the corporation shall be: TAE'S BEAUTY DEN CORP

Principal street address

Mailing address, if different is:

20901 SAN SIMEON WAY APT 302

NORTH MIAMI BEACH, FL 33179

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL PORPUSES

The number of shares of stock is: 1000

Name and Title: DONTAE N BERRY - P

Name and Title:

Address

20901 SAN SIMEON WAY APT 302

Address:

NORTH MIAMI BEACH, FL 33179

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: DONTAE N BERRY
Address: 20901 SAN SIMEON WAY APT 302
NORTH MIAMI BEACH, FL 33179

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DONTAE N BERRY
Address: 20901 SAN SIMEON WAY APT 302
NORTH MIAMI BEACH, 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

D. Berry

Required Signature/Registered Agent

11/20/2019

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.

D. Berry

Required Signature/Incorporator

11/20/2019

Date