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.

(((H200000079193)))



·····			
To:			25 (1) 27 (1)
	Division of Cor	rporations	02
	Fax Number		*7.""
		(444)	-3
From:			, <del>,</del> , ,
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	
	Account Number	: I20000000019	73, 15
	Phone	: (305)552-5973	
	Fax Number	: (305)675-5944	
**Enter 1	the email addrage	- Enn this husiness are	
ann	ual report maili	s for this business entity to be used for futurngs. Enter only one email address please.**	,e
		, , , , , , , , , , , , , , , , , , , ,	

## FLORIDA PROFIT/NON PROFIT CORPORATION MY DREAMS HAIR STUDIO & SPA INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

# Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise that the owners of

My Dreams Hair Studio & spa Inc

of Document # <u>\$1800038090</u>

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,

### ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE 1** NAME: The name of the corporation is: My Dreams io & SPA Inc ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: 13205 SW 137 Que 100 ARTICLE III SHARES: The number of shares of stock is: INITIAL DIRECTORS AND/OR OFFICE IS: egnaldo Forjan ARTICLE V INITIAL REGISTERED AGENT AND STREET AD DRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: Tania Altuve 3205 SW 137 ave miami ARTICLE VI INCORPORATOR: The name and address of the Inco porator is:

# 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 1-7-20
I Tate

I submit this document and affirm that the facts stated herein are  $tru\varepsilon$ . 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.

1-7-20 Irate