

PZ0000034438

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
KRWN U.S. INC.**

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

Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE I NAMEThe name of the corporation shall be: KRWN U.S. INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address7819 NW 104 AvenueDoral, Florida, 33178

Mailing address, if different is:

SAME**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Distribution of cosmetic products and professional barber and stylists supplies in accessories and in products and in retail products.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Luis Andres Rivera Gonzalez (P/D) Name and Title: _____Address 7819 NW 104 Avenue Address: _____Doral, Florida, 33178Name and Title: Maxime Bellemare Allard (V/S/D) Name and Title: _____Address 8595 Rue Saint-Dominique Address: _____Montréal, QC H2P 2L6, CANADA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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Name and Title: _____	Name and Title: _____
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_____	_____
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ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Maxime Bellemare Allard
Address: 1528 NW 8th ST.,
Miami, FL 33135

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Maxime Bellemare Allard
Address: 1528 NW 8th ST.,
Miami, FL 33135

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



Required Signature/Registered Agent

April 6th 2020

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

April 6th 2020

Date