

6/29/2020

pa00000000-17743

Division of Corporations

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 : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

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ALL INFORMATION CONTAINED
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****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
MAKEUP TOUCH STUDIOS INC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

2020 JUN 30 AM 10:26

Electronic Filing Menu

Corporate Filing Menu

Help

Lax
7/1/2020

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: MAKEUP TOUCH STUDIOS INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

ANAIS RUIZ
1045 SE 7 CT APT 302, DANIA BEACH, FL 33044

Mailing address, if different is:

SAME ADDRESS

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MAKEUP PARTY BEAUTICIAN

ARTICLE IV SHARES

The number of shares of stock is: 100 PER VALUE \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANAIS RUIZ PRESIDENT

Name and Title: _____

Address 1045 SE 7TH CT APT 302
DANIA BEACH, FL 33004

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA

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: ANAIS RUIZ
 Address: 1045 SE 7TH CT APT 302
DANIA BEACH, FL 33004

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ANAIS RUIZ
 Address: 1045 SE 7TH CT APT 302
DANIA BEACH, FL 33004

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

06/26/2020

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

06/26/2020

Date

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 2020 JUN 30 PM 6:56
 ALA: AHASSETT (10/10/20)