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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
GLAMOLOGY MIAMI CO

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

2020 JUL -2 PM 12:56

20 JUL -2 PM 1:15

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JUL 0 2021

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

ARTICLE I NAMEThe name of the corporation shall be: GLAMOLOGY MIAMI CO**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

15450 SW 75 CIRCLE LN No. 7-204MIAMI, FL 33193**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JOSELLINIE A. SAAVEDRA (P/D) Name and Title: _____Address 15450 SW 75 CIRCLE LN No. 7-204 Address: _____MIAMI, FL 33193

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2020-07-02 14:18:33

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: JOSELLINIE A. SAAVEDRA
Address: 15450 SW 75 CIRCLE LN No. 7-204
MIAMI, FL 33193

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSELLINIE A. SAAVEDRA
Address: 15450 SW 75 CIRCLE LN
MIAMI, FL 33193

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:

/s/ Josellinie A. Saavedra
Required Signature/Registered Agent

06/30/2020
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.

/s/ Josellinie A. Saavedra
Required Signature/Incorporator

06/30/2020
Date

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