

Florida Department of State

P20 000053726
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

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

From:

Account Name : DORIS ACCOUNTING & TAX SERVICE CORP.
 Account Number : I20190000104
 Phone : (305)323-4581
 Fax Number : (305)480-0518

****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
LM STYLE STUDIO CORP

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

RECEIVED
 2020 JUL 20 PM 4:30
 FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FL

RECEIVED
 2020 JUL 20 AM 10:32
 FLORIDA DEPARTMENT OF STATE
 BUREAU OF COMMERCIAL
 INFORMATION SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: LM STYLE STUDIO CORP

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ **\$70.00**
Filing Fee

☐ **\$78.75**
Filing Fee
& Certificate of Status

☐ **\$78.75**
Filing Fee
& Certified Copy

☐ **\$87.50**
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: JENNIFER URBAY
Name (Printed or typed)

441 WEST 77 STREET

Address

HIALEAH, FLORIDA 33014

City, State & Zip

7862055894

Daytime Telephone number

JENURBAY@GMAIL.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILED
2020 JUL 20 PM 4:30
TALLAHASSEE, FL
DEPARTMENT OF STATE

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: LM STYLE STUDIO CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

441 WEST 77 STREET

HALEAH, FLORIDA 33014

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SALES

ARTICLE IV SHARES

The number of shares of stock is: 20000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JENNIFER URBAY PRESIDENT Name and Title: _____

Address 441 WEST 77 STREET Address: _____

HALEAH, FLORIDA 33014

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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2020 JUN 20 PM 4:30
CLERK OF STATE
TALLAHASSEE, FL

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: JENNIFER URBAY
Address: 441 WEST 77 STREET
MIAMI, FL 33014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DORIS POLANCO
Address: 709 SW 106 AVENUE
MIAMI, FL 33174

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.)

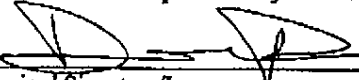
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

07/18/2020
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

7/18/2020
Date

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