

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION CURLY BY NIURKA, CORP

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

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AUG 04 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: CURLY BY NIURKA, CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

23967 SW 114TH CT
HOMESTEAD, FL 33032

Mailing address, if different is:

23967 SW 114TH CT.
HOMESTEAD, FL 33032

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFESSIONAL STYLIST

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NIURKA SANCHEZ LEON Name and Title: _____

Address PRESIDENT Address: _____
23967 SW 114TH CT
HOMESTEAD, FL 33032

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: NIURKA SANCHEZ LEON
 Address: 23967 SW 114TH CT
HOMESTEAD, FL 33032

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NIURKA SANCHEZ LEON
 Address: 23967 SW 114TH CT
HOMESTEAD, FL 33032

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/31/2020 (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 responsibility as registered agent and agree to act in this capacity

X _____ 07/31/2020
 Required Signature Registered Agent 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.

X _____ 07/31/2020
 Required Signature Incorporator Date