

9/3/2020

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Florida Department of State

Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
JULIA'S STYLISH CENTER INC**

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

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**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:

JULIA'S STYLISH CENTER INC

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

14552 SW 284 ST UNIT 205

HOMESTEAD FL 33033

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL FUL BUSINESS

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**ARTICLE IV SHARES**

The number of shares of stock is:

100 SHARES @ \$100.00 EACH

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JULIA MARIA ACEVEDO

PRESIDENT

Address

14552 SW 284 ST UNIT 205

Name and Title:

Address:

HOMESTEAD FL 33033

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: TAP SOLUTIONS INC  
 Address: 2341 SW 7TH ST  
MIAMI FL 33125

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: YUVANIA GUARDIOLA  
 Address: 2341 NW 7TH ST  
MIAMI FL 33125

**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*

	09/03/2020
_____ 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.*

	09/03/2020
_____ Required Signature/Incorporator	_____ Date