

P2000080321
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000358198 3)))



H200003581983ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

2020 OCT 15 AM 9:20
STATE OF FLORIDA

FILED

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
MARYLYN'S CLOSET, INC.

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

OCT 16 2020
T. SCOTT

2020 OCT 15 PM 2:45
STATE OF FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Marilyn's Closet, Inc.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

22600 S.W. 172 Ct

Miami Florida 33170

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Arlys m. Bajuelos - President

FILED
2020 OCT 15 AM 9:20
STATE OF FLORIDA

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Arlys m. BAJUELOS

22600 S.W. 172 Ct

Miami Florida 33170

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:


Arlys m. BAJUELOS

22600 S.W. 172 Ct

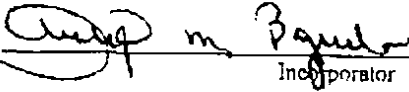
Miami Florida 33170

Required Signatures:

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


Registered Agent _____ 10-6-2020
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.


Incorporator _____ 10-6-2020
Date