

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : TRAMILEX LLC
Account Number : 120150000086
Phone : (786) 469-9163
Fax Number : (305) 848-3716

****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

HEAVENLY SOAPS AND SCENTS CORP

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

COVER LETTER

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

SUBJECT: HEAVENLY SOAPS AND SCENTS 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: Marisol Lina Rodriguez
Name (Printed or typed)
4641 SW 154th AVE
Address
MIAMI FL 33185
City, State & Zip
(786) 991-4325
Daytime Telephone number
hernandezzyody18@gmail.com
E-mail address: (to be used for future annual report notification)

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

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2021 Feb -8 PM 12:43

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: HEAVENLY SOAPS AND SCENTS CORP

ARTICLE II PRINCIPAL OFFICE
Principal street address 4641 SW 154th AVE
Mailing address, if different is: SAME
MIAMI FL 33185

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Marisol Lima Rodriguez, P	Name and Title:	
Address	4641 SW 154th AVE MIAMI FL 33185	Address:	
Name and Title:	Yodislaidi Hernandez Lima, VP	Name and Title:	
Address	4641 SW 154th AVE MIAMI FL 33185	Address:	
Name and Title:		Name and Title:	
Address		Address:	

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Marisol Lima Rodriguez
Address: 4641 SW 154th AVE
MIAMI FL 33185

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Marisol Lima Rodriguez
Address: 4641 SW 154th AVE
MIAMI FL 33185

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/05/2021 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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

MLR
Required Signature/Registered Agent

02/08/2021

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.

MLR
Required Signature/Incorporator

02/08/2021

Date

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