

P21000010592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

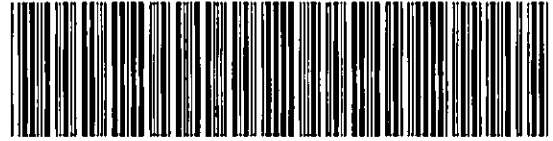
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/15/21--01022--001 \*\*70.00

2021 JAN 15 PM 7:19

## COVER LETTER

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

SUBJECT: PAOLINI STYLES 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: DAIANA AMADOR  
Name (Printed or typed)

8180 NW 36 ST Suite 406  
Address

DORAL FL 33166  
City, State & Zip

305 406 3800  
Daytime Telephone number

ATPLUS@Live.com  
E-mail address: (to be used for future annual report notification)

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

201 JUN 15 10 10 AM '10

**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: PAOLINI STYLES CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7845 NW 53RD ST BAY A  
DORAL FL 33166

**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: CARLOS PAOLINI (P) Name and Title: \_\_\_\_\_

Address 1531 SW 153 RD PATH Address: \_\_\_\_\_  
MIAMI FL 33194

Name and Title: Alexandro Ramirez (VP) Name and Title: \_\_\_\_\_

Address 1531 SW 153 RD PATH Address: \_\_\_\_\_  
MIAMI, FL 33194

Name and Title: CAROLINA D PEREZ ALVAREZ (TREA Name and Title: \_\_\_\_\_

Address 1531 SW 153 RD PATH Address: \_\_\_\_\_  
MIAMI, FL 33194

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: CARLOS PAOLINI  
Address: 1531 SW 153 RD PATH  
MIAMI FL 33194

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: CARLOS PAOLINI  
Address: 1531 SW 153 RD PATH  
MIAMI FL 33194

**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*

Carlos Paolini \_\_\_\_\_  
Required Signature/Registered Agent

01/11/2021  
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.*

Carlos Paolini \_\_\_\_\_  
Required Signature/Incorporator

01/11/2021  
Date

2021 Jan 15 11:17:10

## **AFFIDAVIT**

BEFORE ME, the undersigned authority, on this day personally appeared **CARLOS PAOLINI**, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **PAOLINI STYLES CORP.** a Florida corporation to be filed with the Florida Department of State on or about **January 11, 2021**.
2. The undersigned hereby consents to and authorizes the use by **PAOLINI STYLES CORP.** of the name **PAOLINI STYLES CORP**
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

  
**CARLOS PAOLINI**

STATE OF FLORIDA                    )  
  ) SS:  
COUNTY OF MIAMI-DADE )

PERSONALLY appeared before me, **CARLOS PAOLINI**, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this **11** day of **January 2021**.

  
Notary Public Signature

