

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.

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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

****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
STYLING IN FRENCHIES ENTERPRISES, INC**

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

MAR 08 2021

T. SCOTT

RECEIVED
 2021 MAR -5 PM 4:48
 FLORIDA DEPARTMENT OF STATE
 BUREAU OF COMMERCIAL
 INFORMATION SERVICES

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: STYLING IN FRENCHIES ENTERPRISES, INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
900 W 49TH STREET SUITE # 220
HIALEAH, FL 33012Mailing address, if different is:
900 W 49TH STREET SUITE # 220
HIALEAH, FL 33012**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: JOHANNA C. DE LA TORRE

Name and Title: _____

Address PRESIDENT

Address: _____

900 W 49TH STREET SUITE # 220HIALEAH, FL 33012Name and Title: CLEMENTE J. DE LA TORRE

Name and Title: _____

Address VICE-PRESIDENT

Address: _____

900 W 49TH STREET SUITE # 220HIALEAH, FL 33012

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2021 MAR -5 AM 10:27
TALLAHASSEE, FL 32301
FILED

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: JOHANNA C. DE LA TORRE
Address: 900 W 49TH STREET SUITE # 220
HIALEAH, FL 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOHANNA C. DE LA TORRE
Address: 900 W 49TH STREET SUITE # 220
HIALEAH, FL 33012

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.)

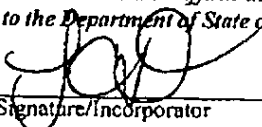
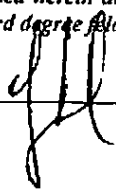
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

JS 
Required Signature/Registered Agent

03/05/2021
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.

JS  
Required Signature/Incorporator

03/05/2021
Date