

3/22/2021

P210 0002 5894

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I20180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

**\*\*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**

**C.J Glam Corp**

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

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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: CJ Glam Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

8215 Southwest 72nd Avenue, Apt 1407

8215 Southwest 72nd Avenue, Apt 1407

Miami, FL 33143

Miami, FL 33143

**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: Catalina Jaramillo, President

Name and Title: \_\_\_\_\_

Address 8215 Southwest 72nd Avenue, Apt 1407

Address: \_\_\_\_\_

Miami, FL 33143

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: Victor Saizarbitoria  
Address: 21 Southwest 15th Road , Suite 200  
Miami, FL 33129

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Victor Saizarbitoria  
Address: 21 Southwest 15th Road , Suite 200  
Miami, FL 33129

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TALLAHASSEE, FLORIDA

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*

N Saizarbitoria  
Required Signature/Registered Agent

3/22/2021  
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.*

N Saizarbitoria  
Required Signature/Incorporator

3/22/2021  
Date

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