

## Florida Department of State

**P210001269763**

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## To:

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

## From:

Account Name : PEDRO LUZQUINOS  
Account Number : I20170000042  
Phone : (954) 655-8413  
Fax Number : (954) 432-8807

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: carmenrusad@hotmaill.com

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**PETALS HAIR PRODUCTS, INC.**

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

FILED  
2021 MAR 30 PM 4:27  
RECORDED  
2021 MAR 30 PM 2:01

3/31/21  
JDA

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## COVER LETTER.

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

SUBJECT: PETALS HAIR PRODUCTS, INC.

(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: DE JESUS SANCHEZ, CARMEN R.

Name (Printed or typed)

4346 SW 129TH WAY

Address

MIRAMAR, FL 33027

City, State & Zip

(954) 253-6853

Daytime Telephone number

carmenrosadj@hotmail.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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MAR 30 PM 4:27  
TALLAHASSEE, FL  
STATE OF FLORIDA

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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: PETALS HAIR PRODUCTS, INC.

## ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4346 SW 129TH WAY

MIRAMAR, FL 33027

## 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 SHARES

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DE JESUS SANCHEZ, CARMEN R. (P)

Name and Title:

Address 4346 SW 129TH WAY

Address:

MIRAMAR, FL 33027

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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02 MAR 30 PM 4:27  
CLERK OF COURT  
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: DE JESUS SANCHEZ, CARMEN R.  
Address: 4346 SW 129TH WAY  
MIRAMAR, FL 33027

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: DE JESUS SANCHEZ, CARMEN R.  
Address: 4346 SW 129TH WAY  
MIRAMAR, FL 33027

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 04/15/2021 (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*

Carmen De Jesus  
Required Signature/Registered Agent

03/30/2021 02:16 PM  
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.*

Carmen De Jesus  
Required Signature/Incorporator

03/30/2021 02:16 PM  
Date

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