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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H210001431053)))



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To:

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

From:

Account Name : TRAMILEX LLC
Account Number : 120150000086
Phone : (736) 469-9163
Fax Number : (305) 848-3716

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RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

****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
NEW YORK BEAUTY AND SPA INC**

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

2021 APR 12 AM 9:05
RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: NEW YORK BEAUTY AND SPA 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: MAGALYS RODRIGUEZ

Name (Printed or typed)

15480 SW 143rd AVE

Address

MIAMI, FL 33177

City, State & Zip

(305)505-7002

Daytime Telephone number

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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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: NEW YORK BEAUTY AND SPA INC**ARTICLE II PRINCIPAL OFFICE**Principal street address15480 SW 143rd AVEMIAMI, FL 33177

Mailing address, if different, is:

SAME ADDRESS**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: MAGALYS RODRIGUEZ, P

Address

15480 SW 143rd AVEMIAMI, FL 33177

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

2021 APR 12 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: MAGALYS RODRIGUEZ
Address: 15480 SW 143rd AVE
MIAMI, FL 33177

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MAGALYS RODRIGUEZ
Address: 15480 SW 143rd AVE
MIAMI, FL 33177

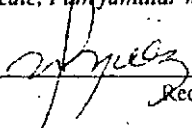
FILED
2021 APR 12 AM 11:03
STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 04/09/2021 (OPTIONAL)

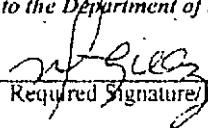
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 04/09/2021
Required Signature/Registered Agent 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.

 04/09/2021
Required Signature/Incorporator Date

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