

P21000041249

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 : DAKOTA ACCOUNTING SERVICES INC.
Account Number : I20160000034
Phone : (786)650-1600
Fax Number : (786)650-1601

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

Email Address: info@2020TAXPRO.COM

FLORIDA PROFIT/NON PROFIT CORPORATION

Flutter Lashes & Beauty MIA by Rachel Mendez Inc

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

2021 MAY -6 AM 10:33

FILED

2021 MAY -6 PM 3:08

COVER LETTER

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

SUBJECT: Flutter Lashes & Beauty MIA by Rachel Mendez
 (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
Inc

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: 2020 TAX
 Name (Printed or typed)

13501 SW 128th Street, STE 217
 Address

MIAMI, FL 33186
 City, State & Zip

786-650-1600
 Daytime Telephone number

info@2020TAXPRO.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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 2021 MAY -6 AM 10:33
 TALLAHASSEE, FL

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Florida)

ARTICLE I NAME

The name of the corporation shall be: Flutter Lashes & Beauty MIA by Rachel Mendez Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

7785 W 30th CT
Hialeah, FL 33018

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any & All lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Rachel Mendez, President

Address: 7785 W 30th CT
Hialeah, FL 33018

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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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: 2020 TAX
 Address: 13501 SW 128th ST, STE 217
Miami, FL 33186

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: 2020 TAX
 Address: 13501 SW 128th ST, STE 217
Miami, FL 33186

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:

[Signature]
 Required Signature Registered Agent

5/5/2021
 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.

[Signature]
 Required Signature Incorporator

Date _____

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TALLAHASSEE, FL