

6/2/2021

Division of Corporations

(((H21000219326 3)))

**P2100051636**

Florida Department of State

Division of Corporations

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Division of Corporations  
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Account Number : 120180000095  
Phone : (305)510-3848  
Fax Number : (786)789-2416

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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Cater Stylist Corp**

Certificate of Status	0
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Corporate Filing Menu

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**COVER LETTER**

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

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**SUBJECT:** Cater Stylist Corp**(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
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                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Karla Y. Carter Recinos  
Name (Printed or typed)

1600 North River Drive Apt 103  
Address

Miami Florida 33125  
City, State & Zip

786-546-9894  
Daytime Telephone number

jackiejaine@yahoo.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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RECEIVED  
JUN 03 2021  
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STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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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: Jacqueline JaimeAddress: 4167 Nw 135th StOpa Locka Florida 33054**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: \_\_\_\_\_

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

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 05/27/2021 (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*Jacqueline Jaime  
Required Signature/Registered Agent05/27/2021

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.*Karla G. Carter Recinos  
Required Signature/Incorporator05/27/2021

Date

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