6/2/2021

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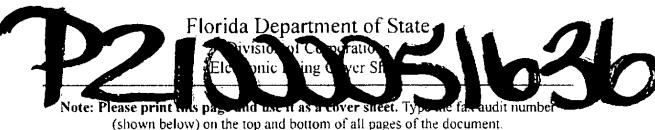
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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION Cater Stylist Corp

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COVER LETTER

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P. O. Box 6327 Tallahassee. FL 323	314		
SUBJECT: Cater	Stylist Corp (PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	ÜDE SÜFFIX)
Enclosed are an orig	rinal and one (1) copy of the ar	ticles of incorporation and	l 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 CO	PYKEQUIKED
FROM:	Karla Y. Cart Nam	er Recinos e (Printed or typed)	· -
_	1600 North	River Drive Apt 103 Address	
—	Miami Florid City	a 33125 , State & Zip	
	786-546-98 Daytime	94 Telephone number	
	jackiejaime@ E-mail address: (to be use	vahoo.com ed for future annual report r	notification)

NOTE: Please provide the original and one copy of the articles.

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(((H210002193263)))

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

ARTICLE I NAME			
The name of the corporat	ion shall be: Cater Stylist Corp		
ARTICLE II PRINC	CIPAL OFFICE		
	Principal street address	Mailing	address, if different is:
1600 North River Drive	: Apt 103		r Drive Apt 103
Miami, Florida 33125		<u>Miami Florida 3</u>	33125
			
ARTICLE III PURPO	OSE .		
The purpose for which t	he corporation is organized is:		
		······································	
······································		<u> </u>	
IDTICLE IV CHAD	EC		
ARTICLE IV SHAR. The number of shares of	stock is: 100		
The number of shares of	3(OCK 15), 100		
<u>ARTICLE V INITIA</u>	<u>L OFFICERS AND/OR DIRECTORS</u>		
St a mid.	: Karla Y. Carter Recinos- President	Name and Cities	
Name and 1106	: Karia Y. Carter Recinos- President	Name and Tiue:	
Address	1600 North River Drive Apt 103	Address:	
71441633	1,000.10,111.10.10.10.10.10.10.10.10.10.10.10.10.		
	Miami, Florida 33125		
Name and Title		Name and Title:	
. varie and Title.			
Address		_ Address:	
			
			r - *
			
Name and Title		Name and Title:	•
Name and Thie.		Name and The	,
Address		Address:	
			3.0
			-·
			V.

			(((H21000219326 3)))
Name and Ti	itle:	Name and Title:	
Address		Address:	
			<u> </u>
	<u>GISTERED AGENT</u> da street a <u>ddress</u> (P.O. Box NOT acceptable) o	of the registered agent is:	
	Jacqueline Jaime		
Address: _	4167 Nw 135th St	_	
	Opa Locka Florida 33054	_	
ADTICLE I/II IN	CORRORATOR		
ARTICLE VII IN			
The name and addre	ess of the Incorporator is:		
Name:		_	
Address:			
		_	
ARTICLE VIII EL	FECTIVE DATE:	(OBE)(N)	
	er than the date of filing:05/27/2021 is listed, the date must be specific and cann		
	erted in this block does not meet the applicable tive date on the Department of State's records		nts, this date will not be listed as
	as registered agent to accept service of process j iliar with and accept the appointment as registe		
	Dacqualina Qaima Required Signature/Redistried Agent		05/27/2021
	Acquired Signature/Registered Agent		Date
	ent and affirm that the facts stated herein are artment of State constitutes a third degree felor		
K	arla Ch. Carton Rocinar		05/27/2021
Required Signature/I	arla G. Carter Recinos		Date
			30