

P2100058259

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000242826 3)))



H210002428263ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

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

From:
Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

FILED
21 JUN 21 PM 12:43
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
MELA BEAUTY SUNNY ISLES CORP**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$78.75 |

25 JUN 21 PM 4:09

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE
JUN 21 2021

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: MELA BEAUTY SUNNY ISLES CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
3777 NE 183rd ST, NORTH MIAMI BEACH, FL 33180

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BEAUTY SERVICES AND PRODUCTS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MELANIE JOVANOVIC / PRESIDENT

Name and Title: _____

Address 502 SW 91 CT, MIAMI FL 33174

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
21 JUN 21 PM 12:43
SUNNY ISLES, FLORIDA
CLERK OF DISTRICT COURT

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: MELANIE JOVANOVIC
Address: 502 SW 91 CT, MIAMI FL 33174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MELANIE JOVANOVIC
Address: 502 SW 91 CT, MIAMI FL 33174

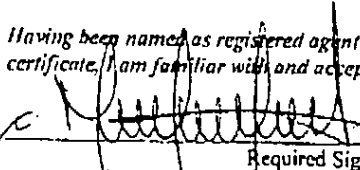
ARTICLE VIII EFFECTIVE DATE:

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

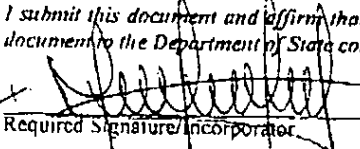


Required Signature/Registered Agent

06/09/2021

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.



Required Signature/Incorporator

06/09/2021

Date

FILED
21 JUN 21 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA