

P2200027526

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.**

((H22000128255 3)))



H220001282553ABC

**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 : PEDRO LUZQUINOS  
Account Number : 120170000042  
Phone : (954)655-8413  
Fax Number : (954)432-8807

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2021 APR -8 PM 9:51

FILED

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

Email Address: carmerrosqg@hotmail.com

RECEIVED

2022 APR -8 AM 10:51

CORPORATIONS  
COMMERCIAL  
SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION  
EUTOPIA HAIR PRODUCTS INC**

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

H220001282553

## COVER LETTER

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

SUBJECT: EUTOPIA HAIR PRODUCTS 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: DE JESUS SANCHEZ, CARMEN R.

Name (Printed or typed)

741 SW 148 TH AVE. APT. 704

Address

DAVIE, FL 33325

City, State & Zip

(954) 253-6853

Daytime Telephone number

carmenmsadj@hotmail.com

E-mail address: (to be used for future annual report notification)

2021 APR - 8 PM 9:51  
FILED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

H220001282553

H22000128255

**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: EUTOPIA HAIR PRODUCTS INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
741 SW 148 TH AVE. APT. 704

DAVIE, FL 33325

Mailing address, if different is:

741 SW 148 TH AVE APT. 704

DAVIE, FL 33325

**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 SHARES

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: DE JESUS SANCHEZ, CARMEN R. (P)

Address: 741 SW 148 TH AVE. APT. 704

DAVIE, FL 33325

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

FILED  
2022 APR -8 PM 9:51  
CLERK OF SUPERIOR COURT  
DAVIE, FL 33325

H220001282553

H22 0001282553

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: DE JESUS SANCHEZ, CARMEN R.  
Address: 741 SW 148 TH AVE. APT. 704  
DAVIE, FL 33325

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: DE JESUS SANCHEZ, CARMEN R.  
Address: 741 SW 148 TH AVE. APT. 704  
DAVIE, FL 33325

**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

Carm D. R.  
Required Signature/Registered Agent

04/28/2022

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.

Ca D Jo  
Required Signature/Incorporator

04/28/2022

Date

H22 0001282553

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2021 APR -8 PM 9:51

FILED