

**P22000028313**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION  
LASH LUXE MIAMI INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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**D. O'KEEFE**

**APR 14 2022**

**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: Lash Luxe Miami Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

4451 SW 159th Path  
Miami FL 33185SAME**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**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Shelly Basart: President Name and Title:Address: 4451 SW 159th Path Address:Miami FL 33185

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

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

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Shelly Basart  
 Address: 4451 SW 159th Path.  
Miami FL 33185

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Shelly Basart  
 Address: 4451 SW 159th Path  
Miami FL 33185

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**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.)

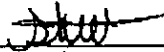
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

04/04/2022  
 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.*

  
 Required Signature/Incorporator

04/04/2022  
 Date