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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
YAIRIS NAILS SALON INC

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

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
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Electronic Filing Menu Corporate Filing Menu

Help

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: YAIRIS NAILS SALON INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1975 NORMANDY DR # 201

MIAMI, FL 33141

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: YAIRIS PORTIELES LORENTE (P) Name and Title:

Address 1975 NORMANDY DR # 201 Address:

MIAMI, FL 33141

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

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STATE OF FLORIDA
DEPARTMENT OF STATE

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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: YAIRIS PORTIELES LORENTE
 Address: 1975 NORMANDY DR # 201
MIAMI, FL 33141

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: YAIRIS PORTIELES LORENTE
 Address: 1975 NORMANDY DR # 201
MIAMI, FL 33141

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:

Yairis Portieles Lorente
 Required Signature/Registered Agent

04/21/2022
 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.

Yairis Portieles Lorente
 Required Signature/Incorporator

04/21/2022
 Date

2022 APR 22 AM 8:06
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA