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.

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

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To:		*** *** ** ** ** ** ** ** ** ** ** ** *	- 19 10 10 10 10 10 10 10 10 10 10 10 10 10	· · · · · · · · · · · · · · · · · · ·	
10.	Division of Co	rnorations			
	Fax Number		-6381		
From:					
	Account Name	: SORSHER 8	ASSOCIATES,	LLC.	
	Account Number				
	Phone	: (954)842-			
	Fax Number	: (954)842-	2936		
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I	LORIDA PRO)FIT/NON	PROFIT (ORPORATIO	N 22 5
i 9.4%			ES, INC.		
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Estimated Charge \$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT:	IA LASHES, INC.			
	(PROPOSED CORPOR.	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	_
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:	
🕱 \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
FROM:	IA LASHES, INC.	e (Printed or typed)		2022 MAY 17
	175 SW 7TH ST		LAHALALE,	
		Address	i.	PH 2:
	MIAMI, FL 3313 City	U , State & Zip		19
	(929)428-1874 Daytime 7	Telephone number		
	YANAAPOLIN	OVA@GMAIL.COM	1	

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

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

CLE II PRIN	CIPAL OFFICE				
	Principal street address	Mi	ailing address, i	if different is:	
175 SW 7TH STREET			175 SW 7TH STREET		
MIAMI, FL 33130		MIAMI	MIAMI, FL 33130		
CLE III PURP		V AND ALL LAMELII DLI	SINESS		_
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CIFIV CHAD	F¢				
CLE IV SHAR umber of shares of	ES stock is: 100				
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umber of shares of	stock is: 100 (L OFFICERS AND/OR DIRECTO)			i ALLP	2022 HAY
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	d Title:	Name and Title:
Address	-	Address:
		
<i>RTICLE VI I</i> he name and Fk	REGISTERED AGENT prida street address (P.O. Box NOT acceptab	le) of the registered game in
Name:	IANA APOLINOVA	to or the logistated agent is.
Address:	175 SW 7TH STREET	
	MIAMI, FL 33130	
RTICLE VII	NCORPORATOR	
	dress of the Incorporator is:	
Name:	IANA APOLINOVA	
Address:	175 SW 7TH STREET	
	MIAMI, FL 33130	
	•	202
RTICLE VIII	EFFECTIVE DATE:	(OPTIONAL)
Hective date, if o I an effective da	ther than the date of filing:	annot be more than five days prior or 90 days after the
ling.)	and a strong time date mast be specific and es	> -1
ote: If the date is a document's eff	nserted in this block does not meet the applic fective date on the Department of State's reco	able statutory filing magniforments ship data will not a life
aving been name ortificate, I am fas	ed as registered agent to accept service of proce miliar with and accept the appointment as reg	ess for the above stated corporation at the place designated in this istered agent and agree to act in this capacity
	Lana Apolinova	
	Required Signature/Registered Agent	
submit this docu	ment and affirm that the facts stated herein	are true I am aware that the false information submitted in
cument to the De	purvnent of State constitutes a third degree fi	clony as provided for in s. 817.155, F.S.
	Aana Apolinova	05/17/2022
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