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.

(((H22000205749 3)))



H220002057493ABC+

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 : JABBASH LLC
Account Number : I20220000113
Phone : (407)434-0012

Fax Number : (321)577-1025

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

Email Address: BlessedTeaminfo@protonmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION STYLZ, CORP

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$87.50

022 JUN 16 AM 8: 38

Electronic Filing Menu

: =

Corporate Filing Menu

Help

2022 JUN 16 PM 1:1

13215771025

→ 18506176381

pg 2 of 4

COVER LETTER

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

(((H220002057493)))

SUBJECT: STLYZ, CORP.

(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

□ \$78.75

Filing Fee

Filing Fee

& Certificate of Status

□ \$78.75

\$87.50

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:	Lesbia Segura		
	Name (Printed or typed)		
	3321 S Orange Blossom Trail, Suite 206;		
	Address		
	Kissimmee, FL 34746		
	City, State & Zip		

407-434-0012

Daytime Telephone number

donnaorellana1@GMAIL.COM

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

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

⊕ 06/15/2022. 1√8 PM 13215771025 → 18506176381 pg 3 of 4

ARTICLES OF INCORPORATION

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

(((H220002057493)))

TICLE II PRINI PLE LEAF DR E PARK, MA 02136	CIPAL OFFICE Principal street address	Mailing 3 MAPLE LEAF DR HYDE PARK, MA 02	g address, if different is:
	OSE the corporation is organized is:ANY A		
TICLE IV SHAR number of shares of	ES stock is: 100		Kiil 8683
Name and Titl	DONNA ANDRADE ORELLANA, P		
Address	3 MAPLE LEAF DR	Name and Title:Address:	70
		-	70
	3 MAPLE LEAF DR HYDE PARK, MA 02136	-	
Address	3 MAPLE LEAF DR HYDE PARK, MA 02136	Address: Name and Title:	F 2
Address Name and Title Address	3 MAPLE LEAF DR HYDE PARK, MA 02136	Address: Name and Title: Address:	

Name and T	itle:	Name and Title:			_
Address		Address:			
				<u></u>	
	GISTERED AGENT da street address (P.O. Box NOT acceptable) of	the majetared agent in			
' <u> </u>	LESBIA SEGURA	the registered agent is.			
-	3321 S ORANGE BLOSSOM TRAIL #206				
-	KISSIMMEE,FL 34746				
_					
ARTICLE VII IN	<u>CORPORATOR</u>				
The name and addr	ess of the Incorporator is:				
Name:	LESBIA SEGURA				
Address:	3321 S ORANGE BLOSSOM TRAIL #206			Ü.,	
	KISSIMMEE, FL 34746		· <u>*</u>	S022 JUN	
				. % 16	
ARTICLE VIII E.		2022 (OPTIONAL			
(If an effective date	ter than the date of filing: SOINL 10, 2 is listed, the date must be specific and cannot	be more than five days p	/ rior or 90 days aft	er the	1
filing.)					
	serted in this block does not meet the applicable stive date on the Department of State's records.	statutory filing requirement	s, this date will not	be ^c listed	as
Having heen wamed	as registered agent to accept service of process fo	r the ohous stated cornorati	on at the place decip	nated in	thic
certificate, I am fam	iliar with and accept the appointment as registere	d agent and agree to act in	on at the place uesig this capacity	nace in	17443
Jan Lyn			6/10/2022		
Required Signature/Registered Agent			Date		
	ent and affirm that the facts stated herein are t cartment of State constitutes a third degree felony			bmüted	in a
aveument w the Dep		из ртичшей јот ит 5.61 /.13.		22	
Required Signature/	Jeron Lynn		6/10/20	<u> </u>	_
reduces or Burens.		D.	- u.		