

7/7/22, 9:45 PM

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : DORIS ACCOUNTING & TAX SERVICE CORP
Account Number : I20190000104
Phone : (305)323-4581
Fax Number : (305)397-1425

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

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**FLORIDA PROFIT/NON PROFIT CORPORATION
PARA BARBEROS CORP**

Certificate of Status	0
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Page Count	01
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Corporate Filing Menu

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LS

COVER LETTER

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

SUBJECT: PARA BARBEROS 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 Filing Fee
 & Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: DORIS C POLANCO

Name (Printed or typed)

305 SW 96 CT

Address

MIAMI, FL 33174

City, State & Zip

305.323.4581

Daytime Telephone number

doristaxes@outlook.com

Email address: (to be used for future annual report notification)

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

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ARTICLES OF INCORPORATION

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

ARTICLE I. NAMEThe name of the corporation shall be: **PARA BARBEROS CORP.****ARTICLE II. PRINCIPAL OFFICE**

Principal street address

8273 NW 66 ST.

MIAMI, FL 33166

Mailing address, if different is:

SAME

ARTICLE III. PURPOSEThe purpose for which the corporation is organized is: **IMPORT AND EXPORT****ARTICLE IV. SHARES**The number of shares of stock is: **5000****ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **Didier F Giraldo Zuluaga P**Address: **8273 NW 66 ST****MIAMI, FL 33166**Name and Title: **Johnny A Salazar Giraldo VP**Address: **8273 NW 66 ST****MIAMI, FL 33166**Name and Title: **Yohnatan C Lopez Giraldo VP**Address: **8273 NW 66 ST****MIAMI, FL 33166**

Name and Title:

Address:

Name and Title:

Address:

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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: _____

Doris Polanco

Address: _____

305 SW 96 CT

MIAMI, FL 33174

ARTICLE VII. INCORPORATOR

The name and address of the incorporator is:

Name: _____

Doris Polanco

Address: _____

305 SW 96 CT

MIAMI, FL 33174

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*Doris Polanco

Required Signature/Registered Agent

07/07/2022

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 §317.155, F.S.*Doris Polanco

Required Signature/Incorporator

07/07/2022

Date