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Division of Corporations Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION SANDRA HAIR SALON INC.

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Electronic Filing Menu Corporate Filing Menu





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

ARTICLE I NAME The name of the corporation s.	hall be: SANDRA M	AIL SALON INC.	
ARTICLE II PRINCIPA		Mailing address, if different is:	~ ~
MIAMI, FL.		MIAMI, FL. 33175	<i>: 1</i>
ARTICLE III PURPOSE The purpose for which the co	erporation is organized is:		
AMY AN	D ALL GEGAL	PURPOSES	
ARTICLE IV SHARES The number of shares of stoce	k is: 106		
ARTICLE V INITIAL O	OFFICERS AND/OR DIRECTORS	SARIAA S	
		Name and Title: FEALANDEZ CARD Address: UP 5 5	tNA>
Address 137	75W 24 STREET	13777 5W 24 S	T.
	MIAMI, FL. 33175	29	5
Name and Title:		Name and Title:	
Address	· ·	_ Address:	
Name and Title:		Name and Title:	
_			

Name and Title:	Name and Title:			
Address	Address:			
				
	<u> </u>			
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box N	NOT accessable) of the registered agent is:			
YOU ALO				
122777 CI	24 STREET			
Address: 1977 Sh				
MANIXT	<u>L. 771</u> 73			
ARTICLE VII INCORPORATOR				
The name and address of the Incorporator is:				
Name: YOEL AR	REU			
Address: 13777 54	24 STREET			
	:L. 33175			
	22 A			
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:				
Effective date, if other than the date of filing: \(\int\) (If an effective date is listed, the date must be s	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 rethe document's effective date on the Department	neet the applicable statutory filing requirements, this date will not be listed as of State's records.			
	ÇC .			
Having been named as registered agent to accept overlificate. Lam familias with and accept the apple	service of process for the above stated corporation at the place designated in this pintment as registered agent and agree to act in this capacity			
9/11	08/04/22			
Required Signature/Re	gistered Agent Date			
I submit this document and affirm that the fact	s stated herein are true. I am aware that the false information submitted in a			
document to the Department of State constitutes of	a third degree felony as provided for in 8.817.133, P.S.			
Jol Mir				
Required Signata e Indeporator	e de la companya del la companya de			