

P22000061875

Florida Department of State
Division of Corporations
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Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION SANDRA HAIR SALON INC.

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

2022 AUG -5 PM 4:46

2022 AUG -5 AM 2:29

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: SANDRA NAIL SALON INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
13777 SW 24 STREET
MIAMI, FL. 33175

Mailing address, if different is:

13777 SW 24 STREET
MIAMI, FL. 33175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LEGAL PROPOSES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YDEL ABAED
Address: P/T/D
13777 SW 24 STREET
MIAMI, FL. 33175

SARERA
Name and Title: FERNANDEZ GARDENAS
Address: UP/S/D
13777 SW 24 ST.
MIAMI, FL. 33175

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: YDEL ABREU
 Address: 13777 SW 24 STREET
MIAMI, FL. 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: YDEL ABREU
 Address: 13777 SW 24 STREET
MIAMI, FL. 33175

ARTICLE VIII EFFECTIVE DATE:

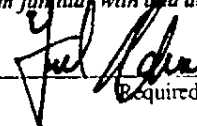
Effective date, if other than the date of filing: AUG 04, 2022 (OPTIONAL)

(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.)

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2022 AUG -5 AM 29

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


 Required Signature/Registered Agent

08/04/22
 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.


 Required Signature/Incorporator

08/04/22
 Date