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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LAMADRID FINANCIAL SERVICES CORP
Account Number : I20200000059
Phone : (954)727-9771
Fax Number : (954)727-9773

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

Email Address: diana@lomadridfinancial.com

FLORIDA PROFIT/NON PROFIT CORPORATION LAO'S BEAUTY LOUNGE CORP

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$78.75 |

Electronic Filing Menu

Corporate Filing Menu

Help

<H230000163493>

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<H23 000016349 3>

COVER LETTER

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

SUBJECT: LAO'S BEAUTY LOUNGE 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 Filing Fee
☒ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: MAILI HERNANDEZ LAO

Name (Printed or typed)

3359 NW 47TH AVE

Address

COCONUT CREEK, FL 33063

City, State & Zip

954-213-3968

Daytime Telephone number

mailihernandez1994@gmail.com

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

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

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2023 JAN 13 PM 3:23

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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: LAO'S BEAUTY LOUNGE CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address3359 NW 47TH AVECOCONUT CREEK, FL 33063

Mailing address, if different is:

3359 NW 47TH AVECOCONUT CREEK, FL 33063**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 1000 SHARES OF US \$1.00 POR VALUE EACH**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MAILI HERNANDEZ LAOName and Title: PRESIDENTAddress 3359 NW 47TH AVE

Address: _____

COCONUT CREEK, FL 33063

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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< H23 000016349 3 >

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: LAMADRID FINANCIAL SERVICES CORPAddress: 1265 S PINE ISLAND RDPLANTATION, FL 33324ARTICLE VII INCORPORATORThe name and address of the Incorporator is:Name: MAILI HERNANDEZ LAOAddress: 3359 NW 47TH AVECOCONUT CREEK, FL 33063ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 01/12/2023 (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

ALEXIS LAMADRID
Required Signature/Registered Agent01/12/2023
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.

MAILI HERNANDEZ LAO
Required Signature/Incorporator01/12/2023
Date

< H23 000016349 3 >