

FL3000012303

Florida Department of State
Division of Corporations
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Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
LUZ'S BEAUTY SCHOOL ENTERPRISES, CORP**

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

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

ARTICLE I NAMEThe name of the corporation shall be: LUZ'S BEAUTY SCHOOL ENTERPRISES, CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address5620 NW 167TH STREET
MIAMI LAKES, FL 33014

Mailing address, if different is:

5620 NW 167TH STREET
MIAMI LAKES, FL 33014**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: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LUZ RODRIGUEZ

Name and Title: _____

Address PRESIDENT

Address: _____

5620 NW 167TH STREETMIAMI LAKES, FL 33014

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: LUZ RODRIGUEZ
Address: 5620 NW 167TH STREET
MIAMI LAKES, FL 33014

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: LUZ RODRIGUEZ
Address: 5620 NW 167TH STREET
MIAMI LAKES, FL 33014

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

[Signature]
Required Signature/Registered Agent:

02/15/2023

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.

[Signature]
Required Signature/Incorporator

02/15/2023

Date