

P23000048576

Division of Corporations

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : FANJUL ENTERPRISES LLC
Account Number : 120190000080
Phone : (305)603-8791
Fax Number : (877)503-6086

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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RECEIVED
2023 JUN 27 AM 10: 23
CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
STYLIST YARISNAY CORP

2023 JUN 27 PM 12: 47
TALLAHASSEE FLORIDA

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

Help

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: STYLIST YARISNAY CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address: 16336 SW 75TH ST, MIAMI, FL 33193
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YARISNAY ALFARO DELGADO-P
Address: 16336 SW 75TH ST, MIAMI, FL 33193

Name and Title:
Address:

Name and Title:
Address:

2028 JUN 27 PM 12:47
TALLAHASSEE FLORIDA

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: YARISNAY ALFARO DELGADO
 Address: 16336 SW 75TH ST
MIAMI, FL 33193

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: YARISNAY ALFARO DELGADO
 Address: 16636 SW 75TH ST
MIAMI, FL 33193


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

X  _____ Date 06/23/2023
 Required Signature/Registered Agent

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.

X  _____ Date 06/23/2023
 Required Signature/Incorporator

06/29 JUN 27 PM 12:47
 MAIL ROOM
 STATE OF FLORIDA
 DEPARTMENT OF STATE