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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

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

From:
Account Name : YOUR DREAM SERVICES CORP.
Account Number : 12020000137
Phone : (786)550-0108
Fax Number : (786)364-1047

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

Email Address: info@yourdreams.com

RECEIVED
2023 JUL 31 PM 4:58
CORPORATIONS
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
Azai Beauty Corp

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

FALLA...
2023 JUL 31 PM 11:23

Electronic Filing Menu Corporate Filing Menu Help

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COVER LETTER

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

SUBJECT: Azai Beauty 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: Barbara Cimar Velarde Agraz

Name (Printed or typed)

10890 Nw 17th St Suite 116

Address

Miami Florida 33172

City, State & Zip

786-724-8358

Daytime Telephone number

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

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ARTICLE I NAME

The name of the corporation shall be: Azar Beauty Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10390 Nw 17th St
Suite 116
Miami, Florida 33172

0890 Nw 17th St
Suite 116
Miami, Florida 33172

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Beauty salon and beauty distribution

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Edymar Cristina Gonzalez-President
Address: 6960 Nw 106th Ave
Miami, Florida 33178

Name and Title: Barbara Cimar Velarde Agraz-Vice President
Address: 13692 Nw 77th Ln
Miami, Florida 33182

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

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FALLA COMPANY FL 00000

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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: Your Dream Multiservices Corp
 Address: 3300 Nw 53rd St Suite 350
Miami Florida 33166

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 TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Edymar Cristina Gonzalez
 Address: 6060 Nw 110th Ave
Miami Florida 33178

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

Jaama Torres _____ 07/28/2023
 Required Signature-Registered Agent 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.

Edymar Cristina Gonzalez _____ 07/28/2023
 Required Signature-Incorporator Date

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