

7/28/23, 2:01 PM

Division of Corporations

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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 : YOUR DREAM SERVICES CORP.
Account Number : I20200000137
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

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DIVISION OF CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION

Azai Beauty Corp

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

FALLA, ST. JOHN

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Corporate Filing Menu

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COVER LETTER

(((H23000263551 3)))

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.

(((H23000263551 3)))

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

(H23000263551 3))

ARTICLE I NAMEThe name of the corporation shall be: Aza Beauty Corp**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

10390 Nw 17th St
Suite 1160890 Nw 17th St
Suite 116Miami, Florida 33172Miami, 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-PresidentName and Title: Barbara Cimar Velarde Agraz-VicePresidentAddress: 6990 Nw 106th AveAddress: 13693 Nw 27th LnMiami, Florida 33178Miami, Florida 33182

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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FALLA, ALEXANDER
FALLA, ALEXANDER

(H23000263551 3))

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: 8300 Nw 53rd St Suite 350
Miami Florida 33166

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

 Required Signature/Registered Agent Date 07/28/2023

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 Date 07/28/2023