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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 : PEDRO LUZQUINOS
Account Number : I20170000042
Phone : (954)655-8413
Fax Number : (954)432-8807

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

TANIANBEAUTY INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$70.00

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COVER LETTER

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

SUBJECT: TANIANBEAUTY INC
(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: NURSE, TANIA M.
Name (Printed or typed)

3000 RIO MAR ST APT. 201
Address

FORT LAUDERDALE, FL 33304
City, State & Zip

(954)224-2434
Daytime Telephone number

R_RAULSLE@HOTMAIL.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

To compliance with Chapter 607 and/or Chapter 623, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: TANIANBEAUTY INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

3000 RIO MAR ST APT. 201

FORT LAUDERDALE, FL 33304

Mailing address if different is:

3000 RIO MAR ST APT. 201

FORT LAUDERDALE, FL 33304

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 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NURSE, TANIA M. (P)

Address: 3000 RIO MAR ST APT. 201

FORT LAUDERDALE, FL 33304

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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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: NURSE, TANIA M.

Address: 3000 RIO MAR ST APT. 201

FORT LAUDERDALE, FL 33304

ARTICLE VII INCORPORATOR

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

Name: NURSE, TANIA M.

Address: 3000 RIO MAR ST APT. 201

FORT LAUDERDALE, FL 33304

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.

Tania Nurse
Required Signature/Registered Agent

09/07/2023
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.

Tania Nurse
Required Signature/Incorporator

09/07/2023
Date

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