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

From:
Account Name : RCA ACCOUNTING SERVICES CORP
Account Number : I20180000102
Phone : (305)799-7633
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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
POTENZA BEAUTY CORP

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

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FLORIDA DEPT OF STATE
TALLAHASSEE, FL

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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: POTENZA BEAUTY CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9150 Fontainebleau Blv. Apt 408
Miami - FL 33172

SAME AS PRINCIPAL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ____

ANY AND ALL LAWFUL BUSINESS, Import, distribution, retail and wholesale marketing of tools, equipment, instruments, accessories and supplies for use in hairdressers and beauty salons.

ARTICLE IV SHARES

The number of shares of stock is: _____ 100 _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jorge Alfredo Novoa /P

Address: 9150 Fontainebleau Blv. Apt 408
Miami - FL 33172

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name Jorge Alfredo Novoa

Address: 9150 Fontainebleau Blv. Apt 408
Miami - FL 33172

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jorge Alfredo Novoa

Address: 9150 Fontainebleau Blv. Apt 408
Miami - FL 33172

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2024 (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

101 Jorge Alfredo Novoa 12/04/23
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. 817.13, F.S.

101 Jorge Alfredo Novoa 12/04/23
Required Signature/Incorporator Date

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