

1/17/24, 2:23 PM

Division of Corporations

P24 00007341

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)517-6381

From:

Account Name : YOUR DREAM SERVICES CORP.
Account Number : 120200000137
Phone : (786)560-0100
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@YOURDREAMMS.COM

FLORIDA PROFIT/NON PROFIT CORPORATION

N&J Salon 7 Corp

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

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Corporate Filing Menu

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T.J.H

1/30/24

COVER LETTER

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

(((H24000023470 3)))

SUBJECT: N&J Salon 7 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED**FROM:** Jhon Alexander Cruz

Name (Printed or typed)

3217 NW 202Nd Ln

Address

Miami Gardens, Florida 33056

City, State & Zip

305-333-8974

Daytime Telephone number

nyjsalon7@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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TALLAHASSEE, FLORIDA

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: N&J Salon 7 Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

3217 NW 202Nd Ln

Miami Gardens, Florida 33056

Mailing address, if different is:

3217 NW 202Nd Ln

Miami Gardens, Florida 33056

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Hairdressing services, beauty treatments.

jewelry sales, and manicure services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jhon Alexander Cruz-President

Name and Title: Neomar Contreras-Vicepresident

Address 3217 NW 202Nd Ln

Address: 3217 NW 202Nd Ln

Miami Gardens, Florida 33056

Miami Gardens, Florida 33056

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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SECRETARY OF STATE

TALLAHASSEE, FLORIDA

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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: 9554 NW 41ST ST

DORAL, FLORIDA 33178

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jhon Alexander Cruz

Address: 3217 NW 202Nd Ln

Miami Gardens, Florida 33056

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

<u><i>Jaqueline Torres</i></u>	<u>01/17/2024</u>
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.

<u><i>Jhon Alexander Cruz</i></u>	<u>01/17/2024</u>
Required Signature/Incorporator	Date

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