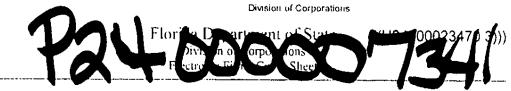
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Division of Corporations

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

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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	Сого
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(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

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& Certificate of Status

□ \$78.75

□ \$87.50

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ADDITIONAL COPY REQUIRED

Jhon Alexander Cruz	Name (Printed or typed)
	Name (Frinted or typed)
3217 NW 202Nd Ln	
	Address
Miami Gardens, Flori	da 33056
Miami Gardens, Flori	
Miami Gardens, Flori	da 33056
Miami Gardens, Flori	da 33056

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.

(((H24000023470 3)))

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) (((H24000023470 3)))

TICLE I NAN e name of the corpo	<u>IE</u> pration shall be: N&J Salon 7 Corp		
Principal street address 17 NW 202Nd Ln ami Gardens, Florida 33056			Mailing address, if different is: 202Nd En irdens, Florida 33056
	POSE h the corporation is organized is: Hairdres d manicure services.	ssing services, b	eauty treatments.
TICLE IV SHA number of shares	IRES of stock is: 100		
	TAL OFFICERS AND/OR DIRECTORS itle: Jhon Alexander Cruz-President 3217 NW 202Nd Ln	Name and Title	Neomar Contreras-Vicepresident 3217 NW 202Nd Ln
Address	Miami Gardens, Florida 33056	Address.	Miami Gardens, Florida 33056
Name and Tit	le:	Name and Title Address:	:
Name and Tit Address	le:		AN 29
		- -	PH 3: 01

(((H24000023470 3)))

Name an	d Title:	Name and Title:	
Address		Address;	
			
	REGISTERED AGENT lorida street address (P.O.Box NOT acceptable)	of the registered agent is:	
Name:	YOUR DREAM MULTISERVICES	<u>C</u> ORP	
Address:	9554 NW 41ST ST		
	DORAL, FLORIDA 33178	<u>_</u>	
4 DT1/21 1: 1/11	INCORPORATOR		
	INCORPORATOR		
he <u>name and ad</u>	ddress of the Incorporator is:		
Name:	Jhon Alexander Cruz	_	
Address:	3217 NW 202Nd Ln	<u> </u>	
	Miami Gardens, Florida 33056	_	
iffective date, if	EFFECTIVE DATE: other than the date of filing: hate is listed, the date must be specific and can		ior or 90 days after the
	inserted in this block does not meet the applicab ffective date on the Department of State's record		this date will not be listed as
laving been nan ertificate, I am f	ned as registered agent to accept service of process untiliar with and accept the appointment as regist	for the above stated corporation wered agent and agree to act in th	n at the place designated in this his capacity
	Saamar Torres		01/17/2024
	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein ar Department of State constitutes a third degree felo		
(Jon Alexander Cruz		01/17/2024
Required Signary	/Incorporator /	Dat	c
	(((H24000023	470 3111	2024 JAN SECRET
	((())24000023	770 0111	