

4/16/24, 3:22 PM

Division of Corporations

P24000026460

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : PEREZ ARCHE AN ACCOUNTING & TAX SERVICES
Account Number : I20070000033
Phone : (305)649-7040
Fax Number : (305)649-0477

S. CHATHAM
APR 16 2024

SECRETARY OF STATE
TALLAHASSEE, FL

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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:

araisabel@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
HAIR STYLE BY SARITA CORP**

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

2024 APR 16 PM 4:21

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Help

April 09, 2024

Department of State
Division of Corporations

Dear Sr/ Mrs.

I am writing this letter confirming that the Corporation Named **HAIR STYLE BY SARITA CORP** under Document Number is: P18000040067 is of my property.

I am the owner of this corporation, for this reason I am sending this statement which explain health problem.

In the future I will not file any Reinstatement for the Corporation named in this letter because I have a daughter with Down Syndrome Condition and she is very disable I ask you to help my Reinstatement or reconsider my corporation

Thank you very much, I'll appreciate your help.

Sincerely



SARA OVANDO

President

HAIR STYLE BY SARITA CORP

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

HAIR STYLE BY SARITA CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**1741 SW 1th STREET
MIAMI, FL 33135**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**SARA OVANDO
1741 SW 1th STREET
MIAMI, FL 33135**

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TALLAHASSEE, FL

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the corporation is:

HAIR STYLE BY SARITA

1. The name and address of the registered agent and office is:

**SARA OVANDO
1741 SW 1th STREET
MIAMI, FL 33135**

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TALLAHASSEE, FL

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN HIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Sara Ovando

DATE

4/16/24

ARTICLE V INCORPORATORS(S)

The name(s) and address (is) of the incorporator(s) to these Articles of Incorporation is (are):

SARA OVANDO
1741 SW 1th STREET
MIAMI, FL 33135

ARTICLE VI DIRECTOR(S)

The name (s) and street address (is) of the director(s) to these Articles Of Incorporation is (are):

SARA OVANDO
1741 SW 1th STREET
MIAMI, FL 3335

PRESIDENT

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this April 16, 2024.



SIGNATURE

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