

P240000035644

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 : TRAMILEX LLC  
Account Number : I20150000086  
Phone : (786)469-9163  
Fax Number : (305)848-3716

\*\*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  
LETTY BEAUTY AND NAILS CORP

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

CORPORATIONS  
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## COVER LETTER

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

SUBJECT: LETTY BEAUTY AND NAILS 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  
 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: LETICIA PUENTES

Name (Printed or typed)

824 E 30 ST

Address

HALEAH FL 33013

City, State & Zip

(305)728-9427

Daytime Telephone number

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

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

ARTICLE I NAME

The name of the corporation shall be: LETTY BEAUTY AND NAILS CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

824 E 30 ST

HIALEAH FL 33013

Mailing address, if different is:

SAME

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LETICIA PUENTES, P

Name and Title:

Address

824 E 30 ST

Address:

HIALEAH FL 33013

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

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: LETICIA PUENTES

Address: 824 E 30 ST

HALEAH FL 33013

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: LETICIA PUENTES

Address: 824 E 30 ST

HALEAH FL 33013

**ARTICLE VIII EFFECTIVE DATE**Effective date, if other than the date of filing: 05/28/2024. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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>LP</u>	<u>05/28/2024</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>LP</u>	<u>05/28/2024</u>
Required Signature/Incorporator	Date

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