

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

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Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION

Salon Suites By Tuche, Corp.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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Help

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

	oration shall be: Salon Suites By Tuc	ne, Corp.			
ARTICLE II PRINCIPAL OFFICE Principal street address 8185 SW 165th CT		Mailing add	Mailing address, if different is:		
Miami, Fl 33193					
ARTICLE III PUI	RPOSE the corporation is organized is: Any an				
the law of the Ur	nited States.				
			202.		
ARTICLE IV SHA The number of shares	ARES of stock is: 100		FIL LARETARY LAHASSE		
ARTICLE V INT	TIAL OFFICERS AND/OR DIRECTORS				
Name and T	ide: Melissa Santuche, President.	Name and Title:	3:5 STATE		
Address	8185 SW 165th CT	Address:	<u> </u>		
	<u>Miami, Fl 33193</u>				
Name and Tit	de:	Name and Title:			
Address		Address:			
ridatess					
Addicas					
	le:	Name and Title:			

Name an	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and Fi	REGISTERED AGENT orida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Melissa Santuche		
Address:	8185 SW 165th CT		
	Miami, Fl 33193		
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	Melissa Santuche		
Address:	8185 SW 165th CT	_	
	Miami, Fl 33193		
ARTICLE VIII Effective care, if (If an effective of filing.)	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and can	С	or 90 days after the
Note: If the date the document's e	inserted in this block does not meet the applicab ffective date on the Department of State's record	le statutory filing requirements, this	s date will not be listed as
Having been nam certificate, I am f	ped as registered agent to accept service of profess amiliar with and accept the appointment as regis	for the above stated corporation at i stered agent and agree to act in this	the place designated in this capacity
	X Required Signature/Registered Agent		06/11/2024
والمراجعة والمساورون		to force I may make all the state of the	Date
document to the l	iment and affirm that the facts stated herein as Department of State constitutes Whird degree fell	e vrue. 1 am aware that the faise in lony as provided for in s.817.155, F	sjormation submitted in a LS
	X NIOU		06/11/2024
	Remited Signature/Incorndustor		Dota