P24000063555

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiless Lifety Notice)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

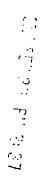
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September 26, 2024

Department of State

New Filing Section

Division of Corporation

Ref.: P98000084301

The purpose of this letter is inform that i am filing the Articles of incorporation for a Florida Profit Corporation with the name of **UNIVERSAL BEAUTY SCHOOL,INC**. I will never going to use the corporation with the same name with document **P98000084301**.

Cordially,

Blanca Búrgos

(305) 775-5281

COVER LETTER

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

SUBJECT: <i>VKI</i>	VECSAL (PROF	BEAUTY POSED CORPOR	SCHOOL ATE NAME - <u>MÚS</u>	INC.	SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorpora	tion and a c	heck for:
¥ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certifica	ate of Status	□ \$78.75 Filing Fee & Certified C	Copy	☐ \$87.50 Filing Fee. Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRE		REQUIRED		

FROM:	BLANCA BURGOS
	Name (Printed or typed)
	9909 N.W. 45 HM 57. Address
	CORAL S PEINGS FL 33065 City, State & Zip
	305. 775 - 5281 Daytime Telephone number
	AL_ACCOUNTANT @ DALLOU. COM E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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

ime of the corpo	NCIPAL OFFICE		
	Principal <u>street</u> address N, 45 5 theet rings, FL 3306s	Mailing add	ress, if different is:
CLE III PUR urpose for whiel	POSE h the corporation is organized is:	ANY AND ALL LAN	NFUL BUND
CLE IV SHA	RES of stock is: SOOV SHANES	AT \$ 0.10 EXCH	
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Name and Title:	Name and Title:
Address	Address:
ARTICLE FI REGISTERED AGENT The name and Florida street address (P.O. Bo	ay NOT accountables of the registered agent is:
Name: BLANCA BU	
Address: 9909 N.W.	•
	5 FZ 33065
<u> </u>	3 <u>-, </u>
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: <u>BIANCA</u> BU	
Address: <u>9909 N.W</u>	
Corm spring	ys, FL 33065
ARTICLE <u>VIII - EFFECTIVE DATE:</u>	
Effective date, if other than the date of filing:	$\frac{9/26/2024}{\text{coPTIONAL}}$, (OPTIONAL) be specific and cannot be more than five days prior or 90 days after the
filing.)	be specific and cannot be more than five days prior of 50 days after the
Note: If the date inserted in this block does not the document's effective date on the Department.	of meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the trepartite	THE OF FREE STEEDING.
	pt service of process for the above stated corporation at the place designated in this — ppointment as registered agent and agree to act in this capacity
	Remistered Ament
Required Signature/	Registered Agent Date
	acts stated herein are true. I am aware that the false information submitted in a essential esse
	Date 07/96/202
¥ ,	

COVER LETTER

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

SUBJECT: UKI	VELSAL BEAUTY (PROPOSED CORPOR)	SCHOOL IN	C .
	(PROPOSED CORPOR)	NTE NAME – <u>MÜST INCL</u>	DE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles 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 o Status
		ADDITIONAL CO	PY REQUIRED
FROM:	BLAWEA B	VR GOS e (Printed or typed)	
_	9909 N.	VV. 45 HI 57. Address	
	CURAL SPEIN CHY.	State & Zip	3065
_	305. 745 - Daytime T	<u>IZ 2 8 /</u> elephone number	
_	E-mail address: (to be used	+С ДАИОО. С I for future annual report no	oW1

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)

CLE II PRI				- 4.4		
909 N.V	Principal <u>street</u> addic v. 45 S 40 B	css E <i>e†</i>		Jailing address. —— <i>SAK1</i> .		
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Name and Ti	the BLAWCA [GOOD N.W. COM Springle.	POR DIRECTORS BUEGOS, A 45 STREET MGS, F2 730	Name and Title. Address: Name and Title: Address:		<u> </u>	2 2 2
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Name and Title:	Name and Title	
Address	Address:	
		
ARTICLE YI REGISTERED AGENT		
The name and Florida street address (P.O. Box N		:
Name: BLANCA BUR	903	
Address: 9909 N.W. 4	5 stapet	
GCRAZ Springs	FZ 33065	
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:		
Name: BIANCA BUCY	<u>ز لا غ</u>	
Address <u>9909 N.W.</u>	45 st.	
Coem springs	, FL 33065	
ARTICLE VIII _EFFECTIVE DATE: Effective date, if other than the date of filing: [If an effective date is listed, the date must be sfiling.]	<u> 7/26/202 女</u> (OPTIC pecific and cannot be more than five	ONAL) days prior or 90 days after the
<u>Note:</u> If the date inserted in this block does not not the document's effective date on the Department of		rements, this date will not be listed as
Having been named as registered agent to accept s certificate, I am familiar with and accept the appo	service of process for the above stated co- intment as registered agent and agree to) act in this capacity
		Date Date
Required Signature/Reg	gistered Agent	Date
I submit this document and affirm that the facts document to the Department of State constitutes a		
·-		<u>, 22 20 29</u>
Required Signature/Incorporator		Date



Filing Information

Please review the filing for accuracy. If you need to make corrections, do so at this time. The filing information will be added/edited exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed, cancelled or refunded.

Effective date for this filing 09/26/2024

Certificate of Status Requested No Certified Copy Requested No

Corporate Name UNIVERSAL BEAUTY SCHOOL, INC

Corporate Stock Shares 5000 SHARES AT \$0.10 EACH

Principal Place of Business

Address 9909 NW 45TH STREET

Suite, Apt. #, etc.

City, State CORAL SPRINGS, FL

Zip Code & Country 33065, US

Mailing Address

CORPORATE MAILING ADDRESS SAME AS PRINCIPAL ADDRESS.

Name and Address of Registered Agent

Name (Last, First, Middle, Title) BURGOS, BLANCA, .

Address 9909 NW 45TH STREET

Suite, Apt. #, etc.

City, State CORAL SPRINGS, FL

Zip Code & Country 33065, US

Registered Agent Signature BLANCA BURGOS

Incorporator Name And Address

Name BLANCA BURGOS
Address 9909 NW 45TH STREET

Suite, Apt. #, etc.

City, State & Zip Code CORAL SPRINGS, FL 33065

Incorporator Signature BLANCA BURGOS

Corporate Purpose

Correspondence Name And E-mail Address

Name and e-mail address to whom correspondence should be e-mailed

Name BLANCA BURGOS

E-mail Address AL_ACCOUNTANT@YAHOO.COM

Officer/Director Name And Address

Name And Address #1

Title P

Name (Last, First, Middle, Title) BURGOS, BLANCA

Street Address 9909 NW 45TH STREET

City, State CORAL SPRINGS, FL Zip Code & Country 33065,

Continue

1.