

Florida Department of State

Division of Corporations
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To:

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

From:

Account Name : DMG FINANCIAL SERVICES INC
Account Number : I20230000151
Phone : (305)595-2407
Fax Number : (305)595-2408

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

2024 JUL 16 PM 12:03

FLORIDA
DIVISION OF
CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION

mila montiel wellness and beauty inc

Certificate of Status	0
Certified Copy	0
Page Count	01
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2024 JUL 16 PM 12:20

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

July 13, 2024

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

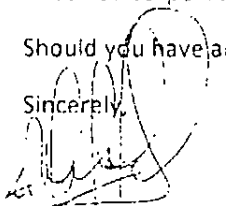
Re: MILA MONTIEL WELLNESS AND BEAUTY INC

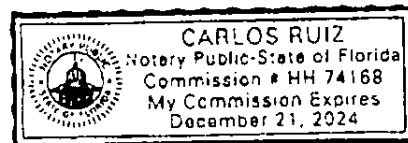
To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,


MILADIS MONTIEL



FILED
SECRETARY OF
DIVISION OF
CORPORATIONS
2024 JUL 16 PM 4:20

COVER LETTER

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

SUBJECT: MILA MONTIEL WELLNESS AND BEAUTY INC

(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 Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: MARIA E RUIZ

Name (Printed or typed)
7750 SW 117TH AVE SUITE 203

Address
MIAMI FLORIDA 33183

City, State & Zip
305 595-2407

Daytime Telephone number
MARIAQUIROS9@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

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

08/17/2022 -- Domestic Profit View image in PDF format

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: MILA MONTIEL WELLNESS AND BEAUTY INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

4750 NW 83 PATHDORAL FLORIDA 33166**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LEGAL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MILADIS MONTIEL, PRES

Name and Title: _____

Address

4750 NW 83 PATH

Address: _____

DORAL FLORIDA 33166

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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: MILADIS MONTIEL
Address: 4750 NW 83 PATH
DORAL FLORIDA 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MILADIS MONTIEL
Address: 4750 NW 83 PATH
MIAMI, FLORIDA 33166

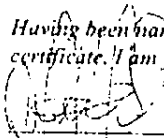
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/16/2024 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

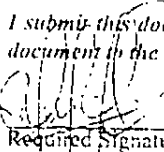


Required Signature/Registered Agent

07/13/2024

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.



Required Signature/Incorporator

07/13/2024

Date