

10/4/24 3:44 PM

Division of Corporations

P240000061872

Florida Department of State

Division of Corporations

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To:

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

From:

Account Name : RCA ACCOUNTING SERVICES CORP
Account Number : I20180000102
Phone : (305)799-7633
Fax Number : (305)564-6857

****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
ENIGMA FRAGRANCE CORP**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

RECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FL

FILED
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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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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 ENIGMA FRAGRANCE CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9000 ELAN CIRCLE, APT 302. ORLANDO, FL 32836

SAME AS PRINCIPAL

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: Alejandra Carolina Villalobos Badell /P

Address: 9000 ELAN CIRCLE, APT 302. ORLANDO, FL 32836

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Alejandra Carolina Villalobos Badell

Address: 9000 ELAN CIRCLE, APT 302. ORLANDO, FL 32836

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Alejandra Carolina Villalobos Badell

Address:

9000 ELAN CIRCLE, APT 302, ORLANDO, FL 32836


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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



10/04/2024

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.



10/04/2024

Required Signature/Incorporator

DEPARTMENT OF STATE
TALLAHASSEE, FL

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