

P/2000057356

(Requestor's Name)

(Address)

(Address)

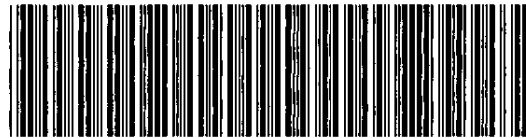
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_



900236596199

06/25/12--01031--008 \*\*78.75

Special Instructions to Filing Officer:

ADDED CORPORATE SUFFIX  
PER TELEPHONE CONVERSATION  
WITH ELAINE BERKOWITZ

K 06/27/12

Office Use Only

RECEIVED  
12 JUN 25 AM 9:50  
TALLAHASSEE, FLORIDA  
REGISTRAR OF STATE

K 06/27/12

**COVER LETTER**

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

**SUBJECT: ELAINE BERKOWITZ**

**(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: ELAINE BERKOWITZ**

Name (Printed or typed)

**714 N FEDERAL HWY**

Address

**HALLANDALE BEACH, FL 33009-2409**

City, State & Zip

**(954) 456-9411**

Daytime Telephone number

**AUSTINAFINDLATER@BELLSOUTH.NET**

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)

**ARTICLE I NAME** ELAINE BERKOWITZ, INC.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 714 NORTH FEDERAL HWY  
HALLANDALE BEACH  
FLORIDA 33009-2409  
Mailing address, if different is: \_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
TO PROVIDE BEAUTY CARE IN THE FORM OF HAIR STYLING, NAILS AND SKIN CARE

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**  
Name and Title: ELAINE BERKOWITZ- PRESIDENT Name and Title: \_\_\_\_\_  
Address: 714 N. FEDERAL HWY Address: \_\_\_\_\_  
HALLANDALE BEACH, FL 33009-2409  
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: ELAINE BERKOWITZ  
Address: 714 N FEDERAL HWY  
HALLANDALE BCH, FL 33009-2409

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
12 JUN 25 AM 9:50  
2012

**ARTICLE VII INCORPORATOR**  
The name and address of the Incorporator is:  
Name: ELAINE BERKOWITZ  
Address: 714 N FEDERAL HWY  
HALLANDALE, FL 33009-2409

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

\* Elaine Berkowitz \_\_\_\_\_ 06/21/12  
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.

\* Elaine Berkowitz \_\_\_\_\_ 06/21/12  
Required Signature/Incorporator Date