

P15000002419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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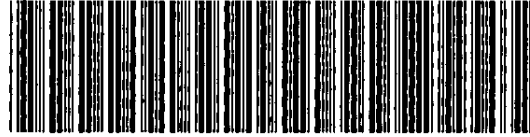
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/07/15--01005--016 **70.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

15 JAN -7 AM 12:18

1-9-15 -8

COVER LETTER

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

SUBJECT: _____

JUST BLANCA INC per customer
(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: _____

Blanca Equiluz

Name (Printed or typed)

303 Galen Dr #320

Address

Key Biscayne, FL 33149

City, State & Zip

(305) 731-1854

Daytime Telephone number

equiluzblanca@yahoo.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)

ARTICLE I NAME

The name of the corporation shall be:

JUST BLANCA, INC ^{per customer} _{att}

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

303 Galen Dr #320
Key Biscayne, fl. 33149

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Corporation,
styling Services Consulting.

ARTICLE IV SHARES

The number of shares of stock is:

100

RECEIVED
FALLA VASCO, FLORIDA

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Blanca Equiluz - President.

Name and Title:

Address

303 Galen Dr #320
Key Biscayne, fl. 33149

Address:

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: Blanca Equiluz

Address: 303 Calen Dr #320
Key Biscayne, Fl. 33149.

ARTICLE VII INCORPORATOR

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

Name: Blanca Equiluz

Address: 303 Calen Dr #320
Key Biscayne, Fl. 33149

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

Blanca Equiluz
Required Signature/Registered Agent

1-5-15
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.

Blanca Equiluz
Required Signature/Incorporator

1-5-15
Date

15 JAN -7 AM 12:18
TALLAHASSEE, FLORIDA