

PI/S000100369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

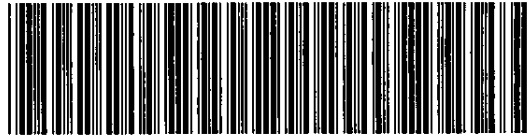
(Business Entity Name)

(Document Number)

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

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Office Use Only



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11/23/15--01030--012 \*\*78.75

FILED  
15 DEC 10 AM 7:42  
TALLAHASSEE, FLORIDA

W15=78707

DEC 2 2 2015

S. GILBERT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 7, 2015

JACQUELINE GARCIA  
7305 SW 40TH STREET, UNIT A  
MIAMI, FL 33155

SUBJECT: POLISH BAR + SPA, INC.  
Ref. Number: W15000078707

We have received your document for POLISH BAR + SPA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert  
Regulatory Specialist II  
New Filing Section

Letter Number: 215A00025547

**COVER LETTER**

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

**SUBJECT:** Polish Bar + Spa, 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  
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:** Jacqueline Garcia

Name (Printed or typed)

7305 SW 40th Street Unit A

Address

Miami, FL 33155

City, State & Zip

305-283-6254

Daytime Telephone number

imperialairjg@gmail.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)

FILED

15 DEC 10 AM 7:42

**ARTICLE I NAME**  
The name of the corporation shall be: Polish Bar + Spa, Inc.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

STATE OF FLORIDA  
MAILING ADDRESS, IF DIFFERENT IS:

7305 SW 40th Street Unit A Miami, Fl 33155

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: Professional Corporation

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	Jacqueline Garcia	Name and Title:	_____
Address	321 SW 51 Place Miami, Fl 33134	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: Jacqueline Garcia  
Address: 321 SW 51 Place Miami, FL 33134  
\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Jacqueline Garica  
Address: 321 SW 51 Place Miami, FI 33134  
\_\_\_\_\_

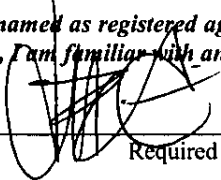
**ARTICLE VIII EFFECTIVE DATE:**

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 business days prior or 90 business days after the filing.)**

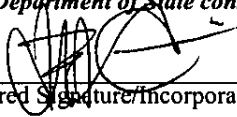
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

12/11/15  
\_\_\_\_\_  
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.**

  
\_\_\_\_\_  
Required Signature/Incorporator

12/11/15  
\_\_\_\_\_  
Date