

# P08000075604

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

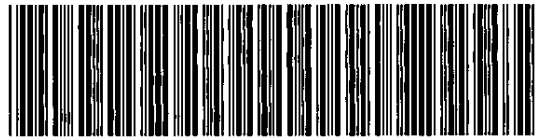
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

RECEIVED

08 JUN 26 AM 8:00

DIVISION OF CORPORATIONS

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

SUBJECT: KERASTASE SERVICE CENTER, CORP.  
(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: KERASTASE SERVICE CENTER, CORP.  
Name (Printed or typed)

3900 N.W. 79 AVE SUITE 587  
Address

DORAL, FL 33166  
City, State & Zip

(786) 447-5690  
Daytime Telephone number

2008 AUG -4 P 4:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 1, 2008

KERASTASE SERVICE CENTER, CORP  
3900 N.W. 79 AVE., SUITE 587  
DORAL, FL 33166

SUBJECT: KERASTASE SERVICE CENTER, CORP  
Ref. Number: W08000031511

We have received your document for KERASTASE SERVICE CENTER, CORP, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

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

Please return 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) 245-6913.

Diane Cushing  
Document Specialist Supervisor

Letter Number: 808A00039279



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 22, 2008

KERASTASE SERVICE CENTER, CORP  
3900 N.W. 79 AVE., SUITE 587  
DORAL, FL 33166

SUBJECT: KERASTASE SERVICE CENTER, CORP  
Ref. Number: W08000031511

We have received your document for KERASTASE SERVICE CENTER, CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Total filing fee is \$70.00. So therefore, we need a balance of \$35.00.

Please return 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) 245-6913.

Diane Cushing  
Document Specialist Supervisor

Letter Number: 708A00042583

# 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:

KERASTASE SERVICE CENTER, CORP.

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

3900 N.W. 79 AVE SUITE 587  
DORAL, FL 33166

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

COMMERCIAL CLEANING

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JUANA M. GEHRKE BELTRAN- PRESIDENT  
3900 N.W. 79 AVE SUITE 587  
DORAL, FL 33166

## ARTICLE VI REGISTERED AGENT

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

JUANA M. GEHRKE BELTRAN  
3900 N.W. 79 AVE SUITE 587  
DORAL, FL 33166

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JUANA M. GEHRKE BELTRAN  
3900 N.W. 79 AVE SUITE 587  
DORAL, FL 33166

\*\*\*\*\*

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

Juanela Gehrke  
Signature/Registered Agent

6/24/08

Date

Juanela Gehrke  
Signature/Incorporator

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA