Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION

Jackie's Eyebrow Threading Nails Salon Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Jackle's Eyebrow Threading Nails Salon Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2976 Cleveland Avenue Fort Myers, FL 33901

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jacquiline Smith 1825 Linhart Avenue, Lot 82 Fort Myers, FL 33901

Prepared By: Bruce B. Hubbard 77 East John St. Hicksville, New York 11801 1-518-935-3940

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ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Jacquiline C. Smith - President/Director 1825 Linhart Avenue, Lot 82, Fort Myers, FL 33901

Andrea J. Smith - Secretary/Director 1825 Linhart Avenue, Lot 82, Fort Myers, FL 33901

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Jacquiline C. Smith 1825 Linhart Avenue, Lot 82, Fort Myers, FL 33901

Andrea J. Smith 1825 Linhart Avenue, Lot 82, Fort Myers, FL 33901

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

9th day of April 20 14

Jacquiline C. Smith

Signature

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA. SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT. IN THE STATE OF FLORIDA.

2. The name and address of the registe	ared agent and office is:
	Jacquiline Smith
	Name
	1825 Linhart Avenue, Lot 82
	(P.O. Box or Mail Drop Box NOT Acceptable)
	Fort Myers, FL 33901
	(City / State / Zip)
	in this certificate, I hereby accept the appointment as registered
agent and agree to act in this capac	ity. I further agree to comply with the provisions of all the statutes performance of my duties, and am familiar with and accept the