P15000001964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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10/02/14--01028--009 **87.50

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15 JAN -7 PM 3:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MKL 60418

YMD 1/8

COVER LETTER

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

SUBJECT: She spa, Co.
(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: Jennifer D. Lopez
Name (Printed or typed)

5891 W. 9th lane
Address

Hialeah, FL. 33012
City, State & Zip

786-357-8111
Daytime Telephone number

Liliana badfeg @aol.com
E-mail address: (to be used for future annual report notification)

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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2014

JENNIFER D. LOPEZ
5891 W. 9TH LANE
HIALEAH, FL 33012

SUBJECT: SHE SPA, CO.
Ref. Number: W14000060418

We have received your document for SHE SPA, CO. and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Percentages (%) are not required.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 414A00021210

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

ARTICLE I NAME

The name of the corporation shall be: She Spa, Co.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

5891 W. 9th lane
Hialeah, Fl. 33012

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Beauty Spa + grooming

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jennifer D. Lopez - President

Address 5891 W. 9th lane
Hia, Fl. 33012

Name and Title:

Address:

Name and Title: Liliana Hadfeg - treasurer

Address 5891 W. 9th lane
Hialeah, Fl. 33012

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

(conti.)

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: Jennifer D. Lopez

Address: 5891 W. 9th lane
Hialeah, Fl 33012

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Jennifer D. Lopez

Address: 5891 W 9th lane
Hialeah, Fl. 33012

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

_____ 9/30/14
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.

_____ 9/30/14
Required Signature/Incorporator Date