

NZ1000007196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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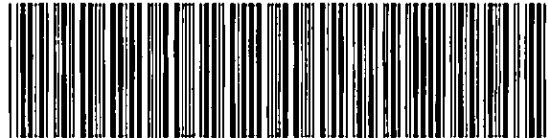
(Business Entity Name)

(Document Number)

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J DERNIS
JUN 15 2021

COVER LETTER

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

SUBJECT: Ohh! Lashes Gives Foundation Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: TAMARA LAKE MAIR
Name (Printed or typed)

4678 SW 72nd Ave
Address

Miami FL 33155
City, State & Zip

305-890-8806
Daytime Telephone number

tamzmakeup@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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Ohh! Lashes Gives Foundation LLC

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address: <u>4678 SW 72nd Ave</u> <u>MIAMI, FL 33155</u>	Mailing address, if different is: <u>4678 SW 72nd Ave</u> <u>MIAMI, FL 33155</u>
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Ohh! Lashes Gives Foundation provides eyelash extension services to those suffering from hair loss; due to medical treatments, or diseases that would otherwise be unable to afford them.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As stated by the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>TAMARA LAKE-MAIR, PRESIDENT</u>	Name and Title: _____
Address: <u>7761 SW 170 STREET</u>	Address: _____
<u>PALMETTO BAY FL 33157</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	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: TAMARA LAKE-MAIR

Address: 7761 SW 170 STREET

PALMETTO BAY FL 33157

ARTICLE VII INCORPORATOR

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

Name: TAMARA LAKE-MAIR

Address: 7761 SW 170 STREET

PALMETTO BAY FL 33157

ARTICLE VIII EFFECTIVE DATE: 05/20/2021

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 days prior or 90 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

Tamara Lake-Mair

05/20/2021

Required Signature of Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Tamara Lake-Mair

05/20/2021

Required Signature of Incorporator

Date