

TRANSMITTAL LETTER

Department of State
Division of Corporation
P.O. Box 6227
Tallahassee, FL 32304

SUBJECT: Bellisima Hair Salon, 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: BVL Income Tax Service, Inc.
Name (Printed or typed)

108 Buenaventura Blvd.
Address

Kissimmee, FL. 34743
City, State & Zip

(407) 344-7464
Daytime Telephone number

3000005664909--9
-06/03/02--01059--002
*****78.75 *****78.75

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

02 JUN -3 PM 2:13
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

Bellisima Hair Salon, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3199 W. Vine Street
Kissimmee, FL. 34741

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Establish a hair salon business.

ARTICLE IV SHARES

The number of shares of stock is:

10,000 at a par value of \$ 1.00

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

- | | |
|--|---|
| 1.) Lissette Reyes-President
2102 Shannon Lakes Blvd.
Kissimmee, FL. 34743 | 2.) Anita Ortiz-Vice President
2006 Lily Pad Ct.
Kissimmee, Fl. 34743 |
|--|---|

- 3.) Harold Escudero- Treasury , 2372 Harbor Town Dr., Kiss, FL.34743

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Lissette Reyes
2102 Shannon Lakes Blvd.
Kissimmee, FL. 34743

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lissette Reyes
2102 Shannon Lakes Blvd.
Kissimmee, FL. 34743

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

Signature/Registered Agent

Signature/Incorporator

Date

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA