

P02000125764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

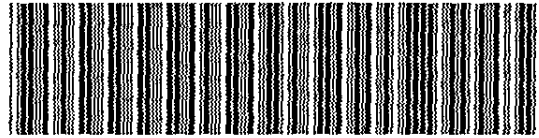
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRET  
TALLAHASSEE, FLORIDA

CB11-27

## TRANSMITTAL LETTER

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

SUBJECT: A Touch of Heaven Beauty Salon  
(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: Imene Edmonson  
Name (Printed or typed)

1168 NW 47 St  
Address

Miami Florida 33127  
City, State & Zip

(305) 758-1000 work  
Daytime Telephone number

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

Imene Edmonson  
AUTHORIZATION BY PHONE TO  
CORRECT SUFFIX & Shares  
DATE 11-27  
DOC. EXAM CB

# ARTICLES OF INCORPORATION

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE I NAME

The name of the corporation shall be:

A Touch of Heaven Beauty Salon INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

670 NW 62 St  
MIA FL 33150

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Beauty Sale & retail sales

## ARTICLE IV SHARES

The number of shares of stock is:

one

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

N/A

## ARTICLE VI REGISTERED AGENT

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

Imone Edmonson  
1168 NW 47 St  
MIA FL 33127

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Imone Edmonson  
1168 NW 47 St  
MIA FL 33127

\*\*\*\*\*

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

11-13-12  
Date

  
Signature/Incorporator

11-13-12  
Date