

PO3000069601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

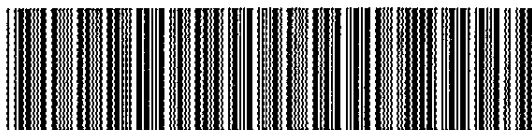
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TS62410-

TRANSMITTAL LETTER

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

SUBJECT: NEW LOOK DESIGNS, 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: EDEL L. MENA
Name (Printed or typed)

1141 NW 193RD AVENUE
Address

PEMBROKE PINES, FLORIDA 33029
City, State & Zip

(305) 557-6078
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles. (3)

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:

NEW LOOK DESIGNS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1141 NW 193RD AVENUE - PEMBROKE PINES, FLORIDA - 33029

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The design and instrelato of kitchen cabinets, wall units, et

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

EDEL L. MENA

1141 NW 193RD AVENUE - PEMBROKE PINES, FLORIDA 33029

PRESIDENT

ARTICLE VI REGISTERED AGENT

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

EDEL L. MENA

1141 NW 193RD AVENUE
PEMBROKE PINES, FLORIDA 33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

EDEL L. MENA

1141 NW 193RD AVENUE
PEMBROKE PINES, FLORIDA 33029

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

6-18-03

Date



Signature/Incorporator

6/18/03

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA