

P0500000303C

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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05 JAN -6 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

TH 1/6/05

TRANSMITTAL LETTER

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

SUBJECT: LE LUMIERE, 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: DOUGLAS A. McLEAN  
Name (Printed or typed)

300 CIRCLE PARK DRIVE  
Address

SEBRING, FLA. 33870  
City, State & Zip

863-385-8850  
Daytime Telephone number

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

**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:

LE LUMIERE, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

4325 SUN 'N LAKE BLVD, SUITE 103  
SEBRING, FLA. 33872

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

HAIR REMOVAL AND SKIN CONDITIONING

**ARTICLE IV SHARES**

The number of shares of stock is:

5000 SHARES AT \$1 PAR

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

GABRIEL A. PULIDO - PRESIDENT  
4116 MEDINA WAY  
SEBRING, FLA. 33875

GABRIEL ALLEN PULIDO  
4116 MEDINA WAY  
SEBRING, FLA. 33875  
SECRETARY, DIRECTOR

LAURA Y. PULIDO  
515 S. ORLEANS AVE  
TAMPA, FLA. 33606  
TREASURER, DIRECTOR

**ARTICLE VI REGISTERED AGENT**

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

DOUGLAS A. McLEAN  
300 CIRCLE PARK DRIVE  
SEBRING, FLA. 33870

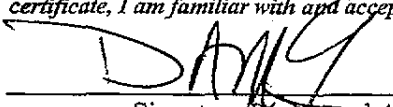
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

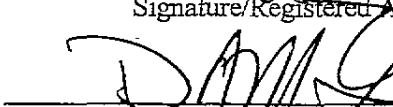
DOUGLAS A. McLEAN  
300 CIRCLE PARK DRIVE  
SEBRING, FLA. 33870

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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

1/4/05  
Date

  
Signature/Incorporator

1/4/05  
Date