

P05000014118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

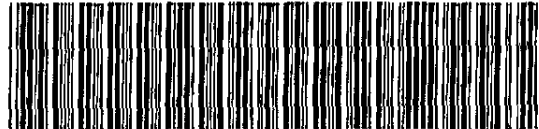
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JAN 24 PM 2:46

TRANSMITTAL LETTER

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

SUBJECT: BEAUTY BY ADA, 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: CANDIDA MORALES

Name (Printed or typed)

9409 BARRINGTON LANE

Address

PORT RICHEY, FL 34668

City, State & Zip

727-843-8983

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)

ARTICLE I NAME

The name of the corporation shall be:

BEAUTY BY ADA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4522 SEAGULL DRIVE, THIRD FLOOR
NEW PORT RICHEY, FL 34652

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BEAUTY SALON

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CANDIDA MORALES
9409 BARRINGTON LANE
PORT RICHEY, FL 34668

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

CANDIDA MORALES
9409 BARRINGTON LANE
PORT RICHEY, FL 34668

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CANDIDA MORALES
9409 BARRINGTON LANE
PORT RICHEY, FL 34668

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

Candida Morales

Signature/Registered Agent

1/21/05

Date

Candida Morales

Signature/Incorporator

1/21/05

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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