

P0500063792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

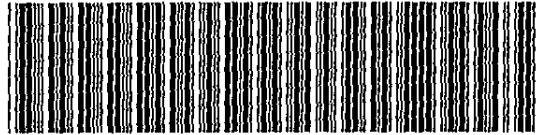
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 APR 23 PM 2:47
FALL RIVER, MA

5/8/05
CA

TRANSMITTAL LETTER

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

SUBJECT: IPcosmetics 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: Virginia Alexander
Name (Printed or typed)

10201 NW 70th Street
Address

Tamarac FL 33321
City, State & Zip

(561) 351-4225
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:

I P cosmetics INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: - ~~Just address~~

10201 NW 70th Street
Tamarac FL 33321

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: -

Do Business as a Professional
Resaler of Cosmetics + Beauty Products

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Virginia D Alexander
10201 NW 70th ST
Tamarac FL 33321

ARTICLE VI REGISTERED AGENT

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

Virginia Alexander
10201 NW 70th ST
Tamarac FL 33321

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Virginia Alexander
10201 NW 70th ST
Tamarac FL 33321

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 famillar with and accept the appointment as registered agent and agree to act in this capacity

Virginia Alexander
Signature/Registered Agent

5.25.05
Date

Virginia Alexander
Signature/Incorporator

5.25.05
Date

FILED
05 APR 28 PM 2:47
TALLAHASSEE, FL 32301
SECRETARY OF STATE