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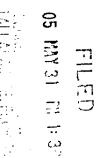
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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TRANSMITTAL LETTER

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

SUBJECT:	LA BEYA		
	·	ATE NAME – <u>MUST INCLU</u>	
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COI	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Julie Gae	(Printed or typed)	
	2525 Fr	ontage Rd	
	Daven port dia	Florida 33, State & Zip	3837
	612 30g	7574 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)	A. S.			
ARTICLE I NAME	高多			
The name of the corporation shall be:	M Co Company			
La Beya Inc.	SELLED TO			
ARTICLE II PRINCIPAL OFFICE				
The principal place of business/mailing address is:				
P.O. Box 136016 Clermont, FL 34713-6016				
·				
ARTICLE III PURPOSE The purpose for which the corporation is organized is:				
Cosmetology				
Cosmetology				
ARTICLE IV SHARES				
The number of shares of stock is:				
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):				
Julie Gaeta - President				
Julie Gueta Trestation				
Hector Gaeta Vice President				
ARTICLE VI REGISTERED AGENT				
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the register	red agent is:			
Julie Gaeta 2525 Frontage Kd Dovenporti Fl 33837				
2525 Frontage Rd				
Jovenporti Fl 33837				
ARTICLE VII INCORPORATOR				
The <u>name and address</u> of the Incorporator is:				
Hector Gaeta				
2525 Frontage Rd Davenport, PL 33837				
Sovenport, HL 33831	*******			
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				
, \ ` ` `				
mentous	5-29-05			
Signature/Registered Agent	Date			

Date

Signature/Incorporator