

POS000126108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05 SEP 14 PM 3:47

# FIELD STAFF OFFICE OF THE ATTORNEY GENERAL

## COVER LETTER

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

SUBJECT: The Island Oasis Nail & Skin Spa, 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: Shayna M. Bechtel

Name (Printed or typed)

205 SE Village Drive

Address

Port Saint Lucie, Florida

City, State & Zip

772-418-1940

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:

The Island Oasis Nail & Skin Spa, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

237 SE Village Drive, Port Saint Lucie, Florida 34952

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Operation of a nail salon/spa.

### ARTICLE IV SHARES

The number of shares of stock is:

1,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jessica D. Gauthier, PST

237 SE Village Drive, Port Saint Lucie, Florida 34952

### ARTICLE VI REGISTERED AGENT

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

Shayna M. Bechtel

205 SE Village Drive, Port Saint Lucie, Florida 34952

### ARTICLE VII INCORPORATOR

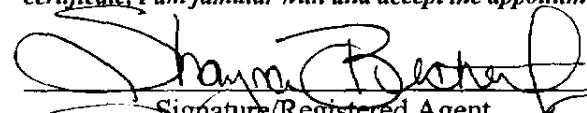
The name and address of the Incorporator is:

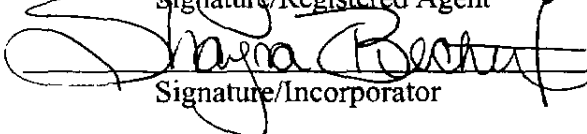
Shayna M. Bechtel


205 SE Village Drive, Port Saint Lucie, Florida 34952

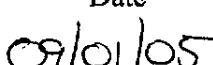
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

FILED  
STATE OF FLORIDA  
DIVISION OF CORPORATION  
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