

PO600 0061571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

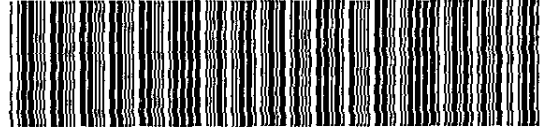
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. Shivers MAY 12 2006

COVER LETTER

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

SUBJECT: TROIELLE ESTHETIQUE, 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: TROY O' LOUGHLIN

Name (Printed or typed)

158 ATWATER ST

Address

PORT CHARLOTTE, FL 33954

City, State & Zip

941.764.7027

Daytime Telephone number

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TALLAHASSEE, FLORIDA

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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:

TROIELLE ESTHETIQUE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

158 ATWATER ST
PORT CHARLOTTE, FL. 33954

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL PURPOSES FOR WHICH CORPORATIONS MAY LEGALLY BE CREATED IN FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

1000 (ONE THOUSAND)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

TROY O'LOUGHLIN, PRESIDENT, SECRETARY, TREASURER
158 ATWATER ST
PORT CHARLOTTE, FL. 33954

ARTICLE VI REGISTERED AGENT

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

TROY O'LOUGHLIN
158 ATWATER ST
PORT CHARLOTTE, FL. 33954

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TROY O'LOUGHLIN
158 ATWATER ST
PORT CHARLOTTE, FL. 33954

Having been named as registered agent to accept service of process for the above named 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

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TALLAHASSEE, FLORIDA