

PO6000065122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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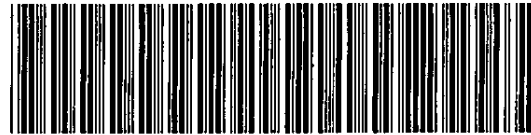
(Business Entity Name)

(Document Number)

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

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06 MAY -8 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Havana Nights Salon 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: Christina M. Falzarano  
Name (Printed or typed)

2527 Grove Isle Ct  
Address

Naples Florida 34109  
City, State & Zip

239-253-2417  
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:

Havana Nights Salon Inc

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

4865 Golden Gate Parkway Naples FL 34116

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Beauty Salon

## **ARTICLE IV SHARES**

The number of shares of stock is:

100

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Fernando Lamelas President 3073 Horseshoe Drive S Suite 112 Naples FL 34104

Christina M. Falzarano Vice President 2527 Grove Isle Ct Naples FL 34109

Jesenia Estrada Secretary 3073 Horseshoe Drive S Suite 112 Naples FL 34104

## **ARTICLE VI REGISTERED AGENT**

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

Christina M. Falzarano 2527 Grove Isle Ct Naples FL 34109

## **ARTICLE VII INCORPORATOR**

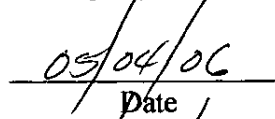
The name and address of the Incorporator is:


Fernando Lamelas 3073 Horseshoe Drive S Suite 112 Naples FL 34104

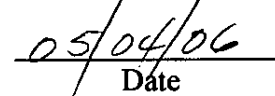
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

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

  
\_\_\_\_\_  
Date

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

  
\_\_\_\_\_  
Date

FILED  
06 MAY - 8 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA