

PD6000136721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

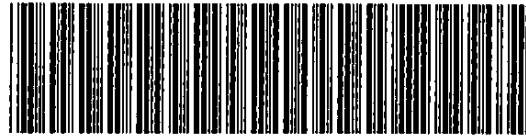
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 OCT 26 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: BELLE AND BEAUTY 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: PATRICK FONG

Name (Printed or typed)

819 NORTH MILLS AVENUE

Address

ORLANDO ,FLORIDA 32803

City, State & Zip

407 896 8962

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:

BELLE AND BEAUTY INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

819 NORTH MILLS AVENUE ORLANDO FLORIDA 32803

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

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):

PATRICK FONG, 819 NORTH MILLS AVENUE ORLANDO FLORIDA 32803

PRESIDENT

ARTICLE VI REGISTERED AGENT

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


PATRICK FONG, 819 NORTH MILLS AVENUE ORLANDO FLORIDA 32803

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PATRICK FONG, 819 NORTH MILLS AVENUE ORLANDO FLORIDA 32803

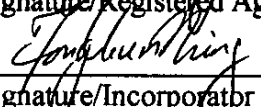
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

10/20/06

Date



Signature/Incorporator

10/20/06

Date

FILED

06 OCT 26 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA