

P07000000424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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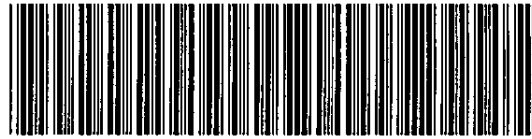
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN - 2 PM 2:26

FILED

1/2/07

TRANSMITTAL LETTER

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

SUBJECT: TOTALLY PAMPERED, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: PHOUKHOUN PHIMTHASAK

Name (Printed or typed)

4125 46TH ST N

Address

ST PETERSBURG, FL 33714

City, State & Zip

727-410-4607

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:

TOTALLY PAMPERED, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4125 46TH ST N, ST PETERSBURG, FL 33714

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ESTHETICIAN SERVICES

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):

PHOUKHOUN PHIMTHASAK - PRESIDENT

4125 46TH ST N, ST PETERSBURG, FL 33714

ARTICLE VI REGISTERED AGENT

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

PHOUKHOUN PHIMTHASAK

4125 46TH ST N, ST PETERSBURG, FL 33714

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PHOUKHOUN PHIMTHASAK

4125 46TH ST N, ST PETERSBURG, FL 33714

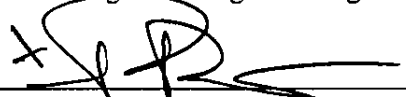
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

1-1-2007

Date



Signature/Incorporator

1-1-2007

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA