

P07060009672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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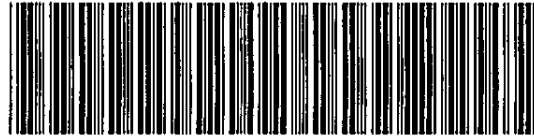
(Business Entity Name)

(Document Number)

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

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07 JAN 23 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/24/07

## COVER LETTER

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

**SUBJECT:** MAGGY MAY BEAUTY 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:** MAGALY OROURKE

Name (Printed or typed)

4327 REFLECTIONS BLVD #203

Address

SUNRISE FLORIDA 33351

City, State & Zip

954 732 9995

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:

MAGGY MAY BEAUTY SALON INC

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

992 SW 81st AVENUE, NORTH LAUDERDALE FLORIDA 33068

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

BEAUTY SALON

## **ARTICLE IV SHARES**

The number of shares of stock is:

1000

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

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

MAGALY OROURKE (PRESIDENT)  
4327 REFLECTIONS BLVD #203  
SUNRISE FLORIDA 33351

## **ARTICLE VI REGISTERED AGENT**

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

MAGALY OROURKE  
4327 REFLECTIONS BLVD #203, SUNRISE FLORIDA 33351

## **ARTICLE VII INCORPORATOR**

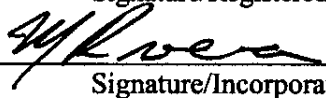
The name and address of the Incorporator is:

MAGALY OROURKE  
4327 REFLECTIONS BLVD #203  
SUNRISE FLORIDA 33351

\*\*\*\*\*

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

01/19/07  
\_\_\_\_\_  
Date  
01/19/07  
\_\_\_\_\_  
Date

FILED  
07 JAN 23 AM 8:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA