

PO7000075342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

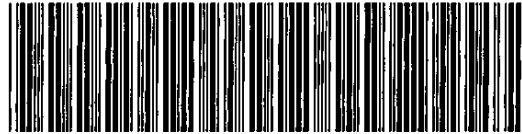
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W-1-28839

Office Use Only



000103804340

06/18/07--01035--001 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 JUN 29 PM 4:18

APPROVED
AND
FILED

B. McKnight JUN 29 2007

COVER LETTER

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

SUBJECT: New York style Beauty Supply 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: Dagma E. LeBlanc

Name (Printed or typed)

1239 Lattimore Drive

Address

clermont, FL 34711

City, State & Zip

352-432-4017, 352-404-9675

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2007

DAGMA E LEBLANC
1239 LATTIMORE DRIVE
CLERMONT, FL 34711

SUBJECT: NEW YORK STYLE BEAUTY SUPPLY INC
Ref. Number: W07000028839

We have received your document for NEW YORK STYLE BEAUTY SUPPLY INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Document Specialist
New Filing Section

Letter Number: 207A00040500

in compliance with Chapter 607 and/or Chapter 621, F.S. (FROTH)

ARTICLE I NAME

The name of the corporation shall be:

New York style Beauty Supply Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

600 Cagan Crossing Blvd
Suite 107
Clermont, FL 34714

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Retail store

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Dagma E. LeBlanc President
1239 Lattimore Drive
Clermont, FL 34711

ARTICLE VI REGISTERED AGENT

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

New York Style Beauty supply
600 Cagan Crossing Blvd
suite 107
Clermont, FL 34714

Dagma LeBlanc
1239 Lattimore Drive
Clermont, FL 34711

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dagma E. LeBlanc
1239 Lattimore drive
Clermont, FL 34711

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

Dagma E. LeBlanc
Signature/Registered Agent
Dagma E. LeBlanc
Signature/Incorporator

6/8/2007
Date
6/8/2007
Date

APPROVED
AND
FILED
07 JUN 29 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA