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(Requestor's Name)	•	
(Address)		
(Address)	•	
(City/State/Zip/Phone #)	•	
(Business Entity Name)	•	
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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DIVISION OF CORPORATIONS 07 NOV 19 PM 3: 03

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

ł,

apelli Unisex Salon and Spa InC. (proposed corporate NAME - MUST INCLUDE SUFFIX) SUBJECT:

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

□ \$70.00 Filing Fee

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\$78.75Filing Fee & Certificate of Status

\$78.75	\$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL CO	PY REQUIRED

Miriam FROM: ame (Printed or typed) SW 138 PL Address 1093 Miami FL 33184 City, State & Zip - 297- 6020 Daytime Telephone number 305

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

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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:

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

10937 SW 138 PL Miami, FL 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Beauty Salon and Spa

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):

Miriam Lopez - president 10937 SW 138 PL Miami, FL 33186

Sylvia Ninez de Riguero - Director 11339 SW 132 PL #1 Miami, FL 33186 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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ARTICLE VI REGISTERED AGENT

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

Miriam Lopez 10937 SW 138 PL Miami, FL 33186

ARTICLE VII INCORPORATOR

. _ **.** * . •

The name and address of the Incorporator is:

Silvia Porta 11339 Sw 132 PL #1 Miami, FL 33186

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

11-9-07

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