## P0700131373

| (Requestor's Name)                      |              |             |  |  |
|---|--------------|-------------|--|--|
| . (Address)                             |              |             |  |  |
| (Address)                               |              |             |  |  |
| (City/State/Zip/Phone #)                |              |             |  |  |
| PICK-UP                                 | ☐ WAIT       | MAIL        |  |  |
| (Business Entity Name)                  |              |             |  |  |
| (Document Number)                       |              |             |  |  |
| Certified Copies                        | Certificates | s of Status |  |  |
| Special Instructions to Filing Officer: |              |             |  |  |
| •                                       |              |             |  |  |
| ·                                       |              |             |  |  |
|   |              |             |  |  |

Office Use Only



900106078949

11/30/07--01029--005 \*\*78.75

O7 DEC 12 PN 3-31
SECRETARY OF STATE
TALLAMASSEE, FLORIDA.

KS



## RECEIVED

07 DEC 12 AH 8: 00

eqque "of Ecology of FLORIDA DEPARTMENT OF STATE TO THE TOTAL DIVISION OF CORPORATIONS OF CORPORATIONS

oue buseough on tiget.

December:3p2007/ms/use? The Floord to least of the tistue of the Interest subject of the Laboratory and the second of the se

TRACY SUPRENANT 13610 94 AVE. N. SEMINOLE, FL 33776

SUBJECT: BEAUTY DEPOT, INC. Ref. Number: W07000058485

We have received your document for BEAUTY DEPOT, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P95000021760 (BEAUTY DEPOT, INC. ).

Please return the corrected 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) 245-6870.

Letter Number: 907A00068177

Karen Saly Regulatory Specialist II New Filing Section

## **COVER LETTER**

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SUBJECT: HEALTH AND BEAUTY DEPOT, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$78.75 \$70.00 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Daytime Telephone number

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

| 4 | ARTICL                    | ES OF | <b>INCORP</b> | ORATION |
|---|---------------------------|-------|---------------|---------|
| - | $\mathbf{v}_{\mathbf{I}}$ |       | IIIOOIII      | OICLION |

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Branky Depot, Inc. Beauty Depot, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

13785 Walsingham hoad, suite 401

Largo, FL 33774

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

hesale 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):

Tracy Supremant 13010 94 Auf N Seminole, Fr 3377Le

Presiden+

Cindy Stehlin
12953 Farmington Trl Vice prosident
Seminole, Fl 3377 Le

| ARTICLE VI REGISTERED AGENT  |                                |  |  |  |  |
|--|--------------------------------|--|--|--|--|
| The name and Florida street address (P.O. Box NOT acceptable   | e) of the registered agent is: |  |  |  |  |
| Tracy Supranana<br>13010 94 Ava N  |                                |  |  |  |  |
| Seminole, FL 337719  |                                |  |  |  |  |
| ARTICLE VII INCORPORATOR   |                                |  |  |  |  |
| The <u>name and address</u> of the Incorporator is:  |                                |  |  |  |  |
| Tracy Suprenan<br>13610 94 Ave 1<br>Seminola, FL 3   | t<br>N<br>377Le                |  |  |  |  |
| 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 |                                |  |  |  |  |
| Liacy Suprenant  | 11-27-07                       |  |  |  |  |
| () Signature/Registered Agent  | Date                           |  |  |  |  |
| Thank Shorehant  | 11.27-07                       |  |  |  |  |
| Signature/Indorporator   | Date                           |  |  |  |  |

PILED

OF DEC 12 PH 3: 31

SECRETARY OF STATE
SECRETARY OF STATE