

P080000/5562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

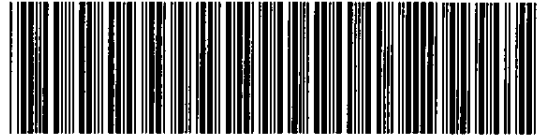
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VA

## COVER LETTER

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

SUBJECT: Roses 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: Shirley Dacosta  
Name (Printed or typed)

9660 SW 155<sup>th</sup> Ave  
Address

Miami, FL 33196  
City, State & Zip

786 - 315 - 8507  
Daytime Telephone number

305 - 388 - 6302

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

I, Shirley Dacosta, as president of Rose's Beauty Salon, Inc. (Doc # p98000015773) hereby releases the name Rose's Beauty Salon, Inc for immediate use. The 120 day unavailability requirement is not required.



Shirley Dacosta, president

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TALLAHASSEE, FLORIDA

# 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:

Roses Beauty Salon, Inc

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TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10988 SW 184 ST  
Miami, Florida 33157

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All lawful purposes

## ARTICLE IV SHARES

The number of shares of stock is:

100 common

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Shirley Dacosta President / Director  
9660 SW 155<sup>th</sup> Ave  
Miami, FL 33196

Maureen Clarke Vice President / Director  
11316 SW 166 Terr.  
Miami, FL 33157

**ARTICLE VI REGISTERED AGENT**

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

Shirley DAcosta  
9660 SW 155 Ave  
Miami, FL 33196

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

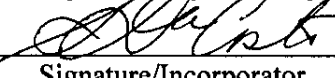
Shirley DAcosta  
9660 SW 155 Ave  
Miami, FL 33196

\*\*\*\*\*

*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

2/5/08  
Date

2/5/08  
Date

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