# P09000050585

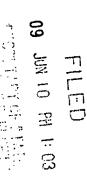
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# **COVER LETTER**

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

SUBJECT:	(PROPOSED CORPORA	TE NAME - MUST INCL	MAR IN(
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	i a check for:
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM:	VASILIKI MEN	ETU (Printed or typed)	
	4987 Sterling	Oaks Dr. Address	
	Naples FL 3	34110 State & Zip	<del></del>
	239. 272- Daytime T	Gelephone number	
<del></del>	E-mail address: (to be use	d for future annual report	notification)

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:

VF VF

VASMAR INC.

## ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

14987 Sterling Oaks Dr. Naples Fl. 341110

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To ingage in the bus. of Cosmetology

## ARTICLE IV SHARES

The number of shares of stock is:

200

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

VASILIKI MEDETIS

## ARTICLE VI REGISTERED AGENT

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

John E. Long Sr.

1300 3rd 81.8. Ste 302B Waples Fe 34102

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

VASILIKI MEDETIS

14987 Sterling Oaks Dr. Naples Fr 34110

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

6-1-0

)ate

STATE OF THE PARTY 
25803

**Date**