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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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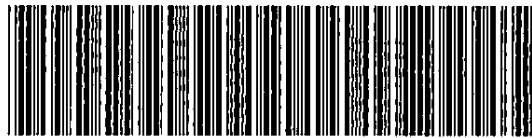
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

68-2-89
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COVER LETTER

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

SUBJECT: IMAGINE SPA CORP.
(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: ORietta M. PORTUONDO
Name (Printed or typed)

8320 SW 35 TERR.
Address

MIAMI, FL 33155
City, State & Zip

786-266-0001
Daytime Telephone number

ORietta007@YAHOO.COM
E-mail address: (to be used 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: IMAGINE SPA CORP.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 2332 SW 82 COURT MIAMI,FL.33155

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: BEAUTY SERVICES

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): ORIETTA M. PORTUONDO,8320 SW 35 TERR.MIAMI, FL.33155,PRESIDENT.

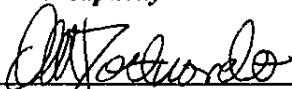
ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: ORIETTA M. PORTUONDO,8320 SW 35 TERR.MIAMI,FL.33155

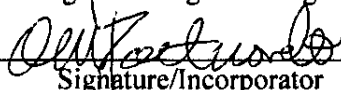
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: ORIETTA M. PORTUONDO,8320 SW 35 TERR.MIAMI, FL.33155

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

6/28/2009

Date

6/28/2009

Date

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TALLAHASSEE, FLORIDA