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SECRETARY OF STATE ALLAHASSEE, FLORIDA 10 JUL 14 AM11:06



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# COVER LETTER

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

SUBJECT: Gail	Schneider Beauty Inc		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an o	original and one (1) copy of the arti	cles of incorporation and	a check for:
☐ \$70.00 Filing Fee		\$78.75 Filing Fee	\$87.50 Filing Fee,
T lining Fee	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	
		(Printed or typed)	
	5361 SW 32nd Way	Address	
	f	ruuress *	
<u> </u>	Hollywood, Florida 33312	C 0 7:	
	City,	State & Zip	
6	17-763-7405		
_	Daytime T	elephone number	
g	ailschneider@ymail.com		
<u>-</u>	E-mail address: (to be use	for future annual report n	otification)

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:

Gail Schneider Beauty Inc

#### ARTICLE II PRINCIPAL OFFICE

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

5361 SW 32nd Way

Hollywood, Florida 33312

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.

# ARTICLE IV SHARES

The number of shares of stock is: 1000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Galit Schneider

P/D

Hollywood,FI

#### ARTICLE VI REGISTERED AGENT

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

Galit Schneider

5361 SW 32nd Way

Hollywood, Florida 33312

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Galit Schneider

5361 SW 32nd Way

Hollywood, Florida 33312

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

haure/Registered Agent

Signature/Incorporator

HIZIO Date

Jale,

Date

10 JUL IL AMILLO