

Planned 61832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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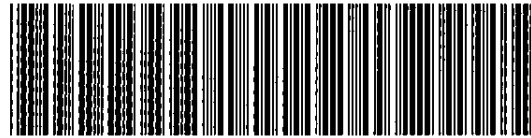
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL 28 PM 1:13

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COVER LETTER

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

SUBJECT: Magnificent Transformations, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Eutelyn Allen
Name (Printed or typed)

1073 S.W. Sarto Lane
Address

Port Saint Lucie, Fl. 34953
City, State & Zip

772-871-2282
Daytime Telephone number

eutelynallen@bellsouth.net
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:

Magnificent Transformations, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1073 S.W. Sarto Lane Port Saint Lucie, Fl. 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Transact Cosmetology, Health/Wellness services, for profit.

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):

Eutelyn Allen,
(President)
1073 SW.Sarto Ln. Port
Saint Lucie, Fl. 34953

ARTICLE VI REGISTERED AGENT

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

Eutelyn Allen 1073 SW.Sarto Ln. Port Saint Lucie, Fl. 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Eutelyn Allen 1073 SW.Sarto Ln. Port Saint Lucie, Fl. 34953

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

Eutelyn Allen
Signature/Registered Agent
Eutelyn Allen
Signature/Incorporator

7-24-10
Date

7-24-10
Date

10 JUL 28 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED