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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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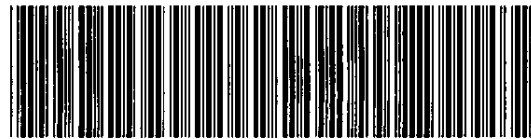
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10 AUG 13 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

PS 8/16/10

COVER LETTER

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

SUBJECT: W. Vázquez Salon & SPA, 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: Wilfredo Vázquez

Name (Printed or typed)

9251 S. Orange Blossom Trail Ste. 4

Address

Orlando FL, 32837

City, State & Zip

407-859-7702

Daytime Telephone number

Wlvazhera@hotmail.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)

APPROVED  
AND  
FILED

10 AUG 13 PM 12:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

W. Varquez Salon & SPA, Inc

**ARTICLE II PRINCIPAL OFFICE**

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

9251 S. Orange Blossom Trail ste. 4  
Orlando FL 32837

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all things lawful pertaining to hair and Spa.

**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):

Wilfredo Varquez - Pres. / Vice Pres. / Treasurer  
4900 Eaglesmere Dr. apt #110 Orlando FL 32819

**ARTICLE VI REGISTERED AGENT**

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

Wilfredo Varquez  
4900 Eaglesmere Dr. apt #110 Orl. FL 32819

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Wilfredo Varquez  
4900 Eaglesmere Dr. apt #110 Orl. Florida 32819

\*\*\*\*\*  
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

Wilfredo Varquez  
Signature/Registered Agent

8-9-2010  
Date

Wilfredo Varquez  
Signature/Incorporator

8-9-2010  
Date