

P10000069377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

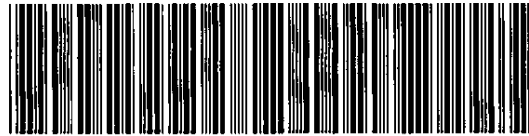
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/23/10--01023--009 \*\*87.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 AUG 23 AM 10:05

APPROVED  
AND  
FILED

Ps 8/24/10

**COVER LETTER**

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

**SUBJECT:** Lopez Hair Creations Incorporated

**(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:** Paulette Lopez

Name (Printed or typed)

920 nw.130 st.

Address

Miami, Fl. 33168

City, State & Zip

786-486-3861

Daytime Telephone number

Paulettelopez@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)

APPROVED  
AND  
FILED

10 AUG 23 AM 10:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

Lopez Hair Creations Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

5893 sw 73 st Miami, Fl. 33143

920 nw 130 st Miami, Fl 33168

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

e-commerce

**ARTICLE IV SHARES**

The number of shares of stock is:

100 shares par value at a dollar

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Paulette Lopez  
920nw130 st  
miami, Fl. 33168  
President

**ARTICLE VI REGISTERED AGENT**

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

Paulette Lopez  
920 nw. 130 st  
Miami, Fl. 33168

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Paulette Lopez  
920 nw. 130 st  
Miami, Fl. 33168

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*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*

*Paulette Lopez*

Signature/Registered Agent

8/20/10

Date

*Paulette Lopez*

Signature/Incorporator

8/20/10

Date