

P10000086530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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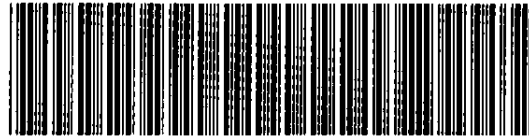
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 OCT 21 AM 10:22

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J. Shivers OCT 22 2010

W10-46953

64

COVER LETTER

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

SUBJECT: Marlene's Beauty Salon, Corp
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input checked="" type="checkbox"/> \$78.75 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: Marlene Rodriguez Marlene Rodriguez
Name (Printed or typed)

14526 NW 88th CT
Address

Miami Lakes, FL 33018
City, State & Zip

305-302-9020
Daytime Telephone number

Marlene1971@bellsouth.net
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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TALLAHASSEE, FL 32314
SECRETARY OF STATE

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: Marlene's Beauty Salon, Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address
14526 NW 88th CT
Miami Lakes, FL 33018

Mailing address, if different is:

14526 NW 88th
Miami Lakes, FL 33018

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To service our customers with Hair and nail services.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marlene Rodriguez-President
Address: 14526 NW 88th CT
Miami Lakes, FL 33018

Name and Title: Marlene Rodriguez-Treasurer
Address: 14526 NW 88th CT
Miami Lakes, FL 33018

Name and Title: Marlene Rodriguez-Secretary
Address: 14526 NW 88th CT
Miami Lakes, FL 33018

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Marlene Rodriguez
Address: 14526 NW 88th CT
Miami Lakes, FL 33018

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marlene Rodriguez
Address: 14526 NW 88th CT
Miami Lakes, FL 33018

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

Marlene Rodriguez
Required Signature/Registered Agent

09/29/2010
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Marlene Rodriguez
Required Signature/Incorporator

09/29/2010
Date

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TALLAHASSEE, FLORIDA