

P10000100630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 DEC 13 PM 2:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: **BELLISIMA HAIR SALON, 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: **LISETTE REYES**

Name (Printed or typed)

3177 W. Vine St.

Address

Kissimmee, FL. 34741

City, State & Zip

407-846-0034

Daytime Telephone number

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 FLORIDA

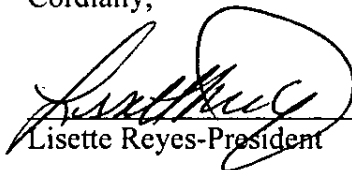
December 7th 2010

Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Re: BELLISIMA HAIR SALON, INC. with Document number (P02000061574)

I am authorizing the enclosed articles of incorporation to be filed due to the fact that I have no intentions on reinstating and I am releasing the name of "BELLISIMA HAIR SALON, INC. with document # (P02000061574).....", to be filed as a new corporation.

Cordially,



Lisette Reyes-President

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: **Bellissima Hair Salon, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
3177 W Vine St.
Kissimmee, FL 34741

Mailing address, if different is:
3177 W. Vine St.
Kissimmee, FL 34741

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and all legal use.

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LISETTE REYES - PRESIDENT
Address: 3177 W Vine St.
Kissimmee, FL 34741

Name and Title: _____
Address: _____

Name and Title: HAROLD ESCUDERO - TREASURE
Address: 3177 W Vine St.
Kissimmee, FL 34741

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:

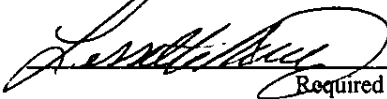
Name: LISETTE REYES
Address: 3177 W. Vine St.
Kissimmee, FL 34741

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LISETTE REYES
Address: 3177 W Vine St.
Kissimmee, FL 34741

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



Required Signature/Registered Agent

12/07/2010

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.



Required Signature/Incorporator

12/07/2010

Date

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TALLAHASSEE FLORIDA