

P11000035257

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 APR 11 PM 4:03

N. Cuffigan APR 11 2011

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SHAKYRA STYLIST INC  
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

SHAKYRA RIVERA

Contact Person

Firm/Company

2154 CENTRAL FL PARKWAY, B6

Address

ORLANDO FL 32837

City, State and Zip Code

SHAKYRASTYLIST@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHAKYRA RIVERA at (407) 397-7297

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certificate of<br>Status | <input type="checkbox"/> \$113.75 Filing Fees<br>and Certified Copy | <input type="checkbox"/> \$122.50 Filing Fees,<br>Certified Copy, and<br>Certificate of Status |
|--|---|---|--|

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 23, 2011

SHAKYRA RIVERA  
2154 CENTRAL FL PARKWAY B6  
ORLANDO, FL 32837

SUBJECT: SHAKYRA STYLIST INC  
Ref. Number: W11000016581

We have received your document for SHAKYRA STYLIST INC and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 211A00007111

4/11/11

Attention :

Nisa.

I Shakya Rivera, not going  
to revoke the Disolution of

the ll.c. Shakya Stylist.

and I would like to

file it as a Corporation.

Shakya Rivera

ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Part of)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be:

SHAKYRA STYLIST, INC.

11 APR 11 PM 4 03

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2154 CENTRAL FLORIDA PKWY, SUITE B6  
ORLANDO, FL 32837

Mailing address, if different is:

(SAME)

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

HAIR SALON & SPA

**ARTICLE IV SHARES**

The number of shares of stock is:

one Hundred (100)

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

Name and Title: SHAKYRA RIVERA, PRES.

Address: 2154 CENTRAL FL PK, B6  
ORLANDO, FL 32837

Name and Title: SHAKYRA RIVERA, SEC

Address: 2154 CENTRAL FL PK, B6  
ORLANDO, FL 32837

Name and Title:

Address:

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: SHAKYRA RIVERA  
Address: 2154 CENTRAL FL PK, B6  
ORLANDO, FL 32837

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SHAKYRA RIVERA  
Address: 2154 CENTRAL FL PK, B6  
ORLANDO, FL 32837

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

Date

3/17/11

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

Required Signature/Incorporator

Date

3/17/11