

P11000047391

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H11000133970 3)))

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To:

Division of Corporations  
Fax Number : (850) 617-6382

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA0001339703  
Phone : (850) 222-1692  
Fax Number : (850) 878-5358

\*RE-SUBMIT\*

Please retain original filing  
date of submission 5/17

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
PB TANNING CORP

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 03      |
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 19 2011

## COVER LETTER

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

SUBJECT: PB TANNING CORP

(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: BRIAN FARKAS

Name (Printed or typed)

4155 VETERANS HIGHWAY, SUITE 11

Address

RONKONKOMA, NEW YORK 11779

City, State & Zip

631-439-4670

Daytime Telephone number

'Bf121754@optonline.net'

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

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



May 18, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: PB TANNING CORP.  
REF: W11000027392

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please add the name of the incorporator to Article VII.

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6901.

Pamela Smith  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H11000133970  
Letter Number: 511A00012300

**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: PB Tanning Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3120 S. Kirkman Road  
Orlando, FL 32811

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Tanning Salon services

**ARTICLE IV SHARES**

The number of shares of stock is: 100 Common; \$1.00 par value

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

Name and Title: Baron Wolf, President  
Address: 4155 Veterans Highway  
Suite 11  
Ronkonkoma, N.Y. 11779

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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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: C T Corporation System  
Address: 1200 South Pine Island Road  
Plantation, Florida 33324

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is: Baron Wolf

Name: 4155 Veteran Highway  
Address: Suite 11  
Ronkonkoma, N.Y. 11779

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

By:

[Signature]  
Required Signature/Registered Agent

5/17/11  
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.

[Signature]  
Required Signature/Incorporator

5/16/11  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 MAY 17 PM 4: 51

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