

P11000051930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

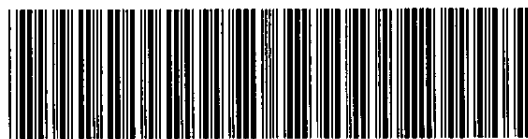
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100208137121

05/02/11--01019--008 **78.75

RECEIVED
11 JUN -2 AM 11:58
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
11 JUN -2 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
6/2

COVER LETTER

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

SUBJECT: Cabello's Hair & Nail Studio and The Spa
(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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Loreena J. Crump
Name (Printed or typed)

5133 Wild Rose Way
Address

Tallahassee Florida 32312
City, State & Zip

850-575-7529
Daytime Telephone number

Reenapadilla@hotmail.com
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)

ARTICLE I NAME

The name of the corporation shall be: Cabello's Hair & Nail Studio and The Spa Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
1240 Thomasville Rd #201
Tallahassee Florida 32303

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Hair salon, nails and spa

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Loreena J. Crump President
Address: 5133 Wild Rose Way
Tallahassee, FL 32312

Name and Title: _____
Address: _____

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: Loreena J. Crump
Address: 5133 Wild Rose Way
Tallahassee Florida 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Loreena J. Crump
Address: 5133 Wild Rose Way
Tallahassee Florida 32312

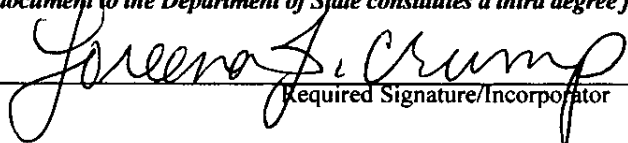
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

06/01/2011

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

06/01/2011

Date

FILED
11 JUN -2 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA