

P11000052841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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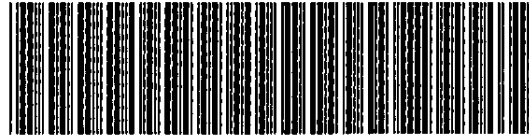
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Arabella's Beauty From Nature, 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: Stephanie A. Kary

Name (Printed or typed)

3175 SE 5 Street

Address

Ocala, FL 34471

City, State & Zip

352-274-2792

Daytime Telephone number

skary3@cox.net

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

Arabella's Beauty From Nature, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
3175 SE 5 Street
Ocala, FL 34471

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Sale of natural beauty products.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stephanie A. Kary/ President, CEO
Address: 3175 SE 5th Street
Ocala, FL 34471

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: Stephanie A. Kary
Address: 3175 SE 5th St
Ocala, FL 34471

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stephanie A. Kary
Address: 3175 SE 5 Street
Ocala, FL 34471

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

Stephanie A. Kary
Required Signature/Registered Agent

6-1-2011

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.

Stephanie A. Kary
Required Signature/Incorporator

6-1-2011

Date

SECRETARY OF STATE
FLORIDA
JUN 1 2011

11 JUN -3 PM 2:11

APPROVED
JUN 1 2011