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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MARYELYLOU'S BEAUTY AND SPA SHOP, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$78.75

11 JUN 30 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Electronic Filing Menu Corporate Filing Menu Help

H11000172169

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: MaryElyLou'S Beauty and Spa Shop, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
MERCY HOSPITAL/HCA EAST FLORIDA
3663 South Miami Avenue
Miami, Florida 33133

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all legal business.

ARTICLE IV SHARES

The number of shares of stock is: One Hundred

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maritza Gonzalez, President and Secretary
Address: MERCY HOSPITAL/HCA EAST FLORIDA
3663 South Miami Avenue
Miami, Florida 33133

Name and Title:
Address:

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: Maritza Gonzalez
Address: MERCY HOSPITAL/HCA EAST FLORIDA
3663 South Miami Avenue, Miami, FL 33133

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Name: MARITZA GONZALEZ
Address: MERCY HOSPITAL/HCA EAST FLORIDA
3663 South Miami Avenue, Miami, FL 33133

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TALLAHASSEE FLORIDA

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

x Maritza Gonzalez
Required Signature/Registered Agent

x06-29-11
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.

x Maritza Gonzalez
Required Signature/Incorporator

x06-29-11
Date