

P 1100006970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

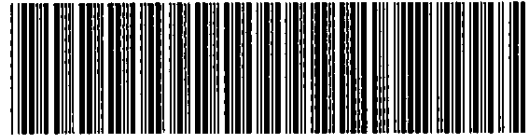
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
FLORIDA

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COVER LETTER

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

SUBJECT: Gorgeous Me Incorporated

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

FROM: Claire A. Murphy

Name (Printed or typed)

5456 SW 191 Terrace

Address

Miramar, Florida 33029

City, State & Zip

954-325-1794

Daytime Telephone number

clairemurphypa@yahoo.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 **Gorgeous Me Incorporated**

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
5456 SW 191 Terrace
Miramar, Florida 33029

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and All legal business purposes for profit

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Claire A. Murphy / Pres / CEO**
Address: **5456 SW 191 Terrace**
Miramar, Florida 33029

Name and Title: _____
Address: _____

Name and Title: **Mikahail Berman / Medical Director**
Address: _____

Name and Title: _____
Address: _____

Name and Title: **Melvin J. Murphy / VP**
Address: **5456 SW 191 Terrace**
Miramar, Florida 33029

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: **Melvin J. Murphy**
Address: **5456 SW 191 Terrace**
Miramar, Florida 33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Claire A. Murphy**
Address: **5456 SW 191 Terrace**
Miramar, Florida 33029

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

7/31/11

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.



Required Signature/Incorporator

7/31/11

Date

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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