

P11000094311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

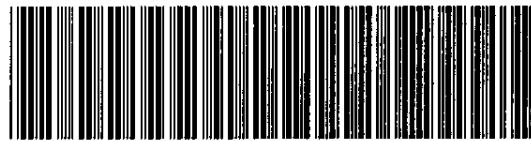
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/27/11--01023--006 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 27 PM 2:48

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COVER LETTER

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

SUBJECT: CENTRO DE ESTETICA SECRETS A MAGICAL TOUCH, 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: NOHORA PATRICIA TRIANA
Name (Printed or typed)

3249 W. CYPRESS ST., SUITE C
Address

TAMPA, FLORIDA 33607
City, State & Zip

Daytime Telephone number

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:

CENTRO DE ESTETICA SECRETS A MAGICAL TOUCH, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

3249 W. CYPRESS ST., SUITE C
TAMPA, FLORIDA 33607

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFUL BUSINESS ACTIVITY

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: N. PATRICIA TRIANA - OWNER

Address: 3249 W. CYPRESS ST., SUITE C
TAMPA, FLORIDA 33607

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: N. PATRICIA TRIANA

Address: 3249 W. CYPRESS ST., SUITE C
TAMPA, FL 33607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: N. PATRICIA TRIANA

Address: 3249 W. CYPRESS ST., SUITE C
TAMPA, FLORIDA 33607

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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

10/24/2011

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

10/24/2011

Date