

711000096827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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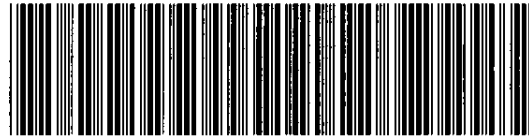
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. Shivers NOV 07 2011

COVER LETTER

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

SUBJECT: BEAUTIFUL HAIR BY MARITZA 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: BEAUTIFUL HAIR BY MARITZA INC

Name (Printed or typed)

164 NW 27 AVENUE

Address

MIAMI, FLORIDA 33125

City, State & Zip

(786) 343-4933

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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME BEAUTIFUL HAIR BY MARITZA INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
164 NW 27 AVENUE
MIAMI, FLORIDA 33125

Mailing address, if different is:
SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
BEAUTY SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARITZA FAJARDO (PRESIDENT)	Name and Title: _____
Address: 164 NW 27 AVENUE	Address: _____
MIAMI, FLORIDA 33125	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MARITZA FAJARDO
Address: 164 NW 27 AVENUE
MIAMI, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARITZA FAJARDO
Address: 164 NW 27 AVENUE
MIAMI, FLORIDA 33125

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

11/02/2011
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

11/02/2011
Date

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