

PI1000106474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

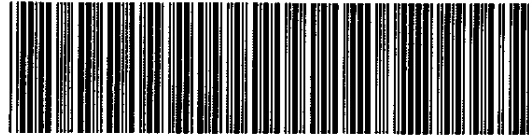
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300215142423

12/15/11--01009--001 \*\*70.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 DEC 15 AM 10:42

APPROVED  
AND  
FILED

## COVER LETTER

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

SUBJECT: **Glamour Gals, 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: **Christy DiMaggio**

Name (Printed or typed)

**c/o 9 SW 13th Street**

Address

**Ft. Lauderdale, FL 33315**

City, State & Zip

**954-756-4197**

Daytime Telephone number

**christyd0107@gmail.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**

The name of the corporation shall be:

**Glamour Gals, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
c/o 9 SW 13th Street  
Ft. Lauderdale, FL 33315

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Personal Styling Services**

**ARTICLE IV SHARES**

The number of shares of stock is: **1000**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **Christy DiMaggio, president**  
Address: **11821 NW 31st Street**  
**Sunrise, FL 33323**

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: **Tom Andrews**  
Address: **9 SW 13th Street**  
**Ft. Lauderdale, FL 33315**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Tom Andrews**  
Address: **9 SW 13th Street**  
**Ft. Lauderdale, FL 33315**

*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

12/6/11  
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

12/6/11  
Date

RECEIVED  
11 DEC 15 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA