

P/2000005792

(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:

CORRECTED SHARES OF STOCK  
PER TELEPHONE CONVERSATION  
WITH DIEULA SAINT JUSTE.

✓ 01/18/12

Office Use Only



400217654884

01/17/12--01030--007 \*\*78.75

FILED  
12 JAN 17 PM 5:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓ 01/18/12

## COVER LETTER

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

SUBJECT: Aja Beauty Supplies 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: Dieula Saint Juste

Name (Printed or typed)

2773 Windswept Drive Apt. 208

Address

Lantana, FL 33462

City, State & Zip

(561)856-8505

Daytime Telephone number

Dieula57@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: Aja Beauty Supplies Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2773 Windswept Drive Apt. 208  
Lantana FL 33462

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Supply store

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: <u>Dieula Saint Juste</u> <u>President</u>	Name and Title: _____
Address: <u>2773 Windswept Drive Apt. 208</u>	Address: _____
<u>Lantana FL 33462</u>	_____
_____	_____

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:

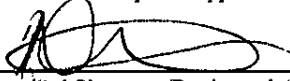
Name: Dieula Saint Juste  
Address: 2773 Windswept Drive Apt. 208  
Lantana, FL 33462

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Dieula Saint Juste  
Address: 2773 Windswept Drive Apt. 208  
Lantana, FL 33462

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

01/12/2012  
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

01/12/2012  
Date

FILED  
12 JAN 17 PM 5:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA