

P12000016924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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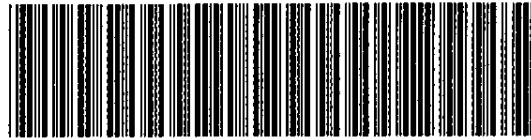
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 FEB 16 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 02/20/12

COVER LETTER

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

SUBJECT: Divine Essence Hair and Beauty Supply, 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 checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Elaine Williams
Name (Printed or typed)

3919 Crystal Lake Dr # 208
Address

Pompano Beach, FL 33064
City, State & Zip

754-366-0284
Daytime Telephone number

geunique11@hotmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Divine Essence Hair and Beauty Supply, Incorporated.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3919 Crystal Lake Dr # 208
Pompano Beach, FL 33064

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, County, territory or nation.

ARTICLE IV SHARES

The number of shares of stock is: 1000 share of common stock having \$1.00 per share, par value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Germaine R Strong CEO
Address: 3919 Crystal Lake Dr # 208
Pompano Beach, FL 33064

Name and Title: _____
Address: _____

Name and Title: Elaine Williams President
Address: 3919 Crystal Lake Dr # 208
Pompano Beach, FL 33064

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: Elaine Williams
Address: 3919 Crystal Lake Dr # 208
Pompano Beach, FL 33064

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

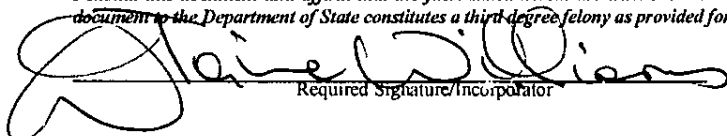
Name: Elaine Williams
Address: 3919 Crystal Lake Dr # 208
Pompano Beach, FL 33064

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

2/10/2012
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

2/10/2012
Date