## P12,00037370

(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:  Maria Gonzalez gare  Permiso on to add  Lee cosporate Suffice.					
Office Use Only					

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TIVISHISHISH CORPORATION

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## **COVER LETTER**

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

SUBJECT: KIM FRATINA HAIR STUDIO PA (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)								
	(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)					
Enclosed are an ori	ginal and one (1) copy of the arti	cles of incorporation ar	nd a check for:					
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate Status	of				
		ADDITIONAL C	OPY REQUIREI	)				
FROM:	KII Name	M FRATINA (Printed or typed)						
15975 SW 5TH STREET Address								
	,	Address		S S				
PEMBROKE PINES, FL 33027-1158 City, State & Zip								
954-985-3511 Daytime Telephone number								
	kimfratina@k E-mail address: (to be use	•	t notification)	PH 4: 04				

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



April 4, 2012

KIM FRATINA 15975 SW 5TH STREET PEMBROKE PINES, FL 33027-1158

SUBJECT: KIM FRATINA HAIR STUDIO PA

Ref. Number: W12000014399

We have received your document for KIM FRATINA HAIR STUDIO PA and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The specific business purpose of the professional association must be stated in the document.

A copy of a license or other legal authorization verifying the rendering of a personal service must accompany your articles of incorporation as a professional association.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 212A00011023

12 APR 20 PM 4: OL



## FLORIDA DEPARTMENT OF STATE Division of Corporations

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SECF

James E

9:50

March 13, 2012

KIM FRATINA 15975 SW 5TH STREET PEMBROKE PINES, FL 33027-1158

SUBJECT: KIM FRATINA HAIR STUDIO PA

Ref. Number: W12000014399

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If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 612A00009169

12 APR 20 PH 4: 04

RECEIVED
12 APR -3 AM 9: 53

## ARTICLES OF INCORPORATION

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

たれたい								
SECRETARY OF	STATE							
IVISION EF CORPI	OR ATIONS							

ARTICLE I The name of the co	NAME KIM FRATINA HAIR STU	JDIO, IN	IC.	SECRETARY DIVISION OF C	OF STATE
ARTICLE II	PRINCIPAL OFFICE			12 APR 20	PM 4: 04
1	Principal <u>street</u> address 5975 SW 5TH STREET		Mailing	address, if different is:	
<u>P</u>	EMBROKE PINES, FL 33027-1158	<u></u>	<u> </u>		
ARTICLE III	PURPOSE	<del></del>	<u>,                                      </u>		<del></del>
The purpose for wh	nich the corporation is organized is:				=
THE CORPO	RATION SHALL ENGAGE IN RETAIL	OF BEA	UTY SAL	ON PRODUCTS	AND
	R STYLIST SERVICES PERMITTED	UNDER	HE LAW	S OF THE UNIT	ED
STATES AND	THE STATE OF FLORIDA.				
ARTICLE IV The number of share					
	INITIAL OFFICERS AND/OR DIRECTORS		37.1		
Address:	le: KIM FRATINA-PRESIDENT 15975 SW 5TH STREET			* *	
	PEMBROKE PINES, FL 33027-1158				
	·				
Name and Tit	le:	Name and I	Citle:		
Address:		Address:			
				<u></u>	<del></del>
	le:	Name and T	Γitle:		
Address:		Address:		<del>-</del>	
A DOMESTIC TO THE	PROJECTED DO ACRAM				
	REGISTERED AGENT ida street address (P.O. Box NOT acceptable) of	the registered	agent is:		
Name:	BRUCE M BERGER				
Address:	517 NE 6TH STREET				
	FORT LAUDERDALE, EL 33304	•			
	INCORPORATOR				
	ress of the Incorporator is:				
Name: Address:	KIM FRATINA 15975 SW 5TH STREET				
ridaress.	PEMBROKE PINES, FL 33027-115	8			
Having been name	d as registered agent to accept service of process	for the abou	a stated some	constion at the place d	onlowed in
	a as registered ugent to accept service of process familiar wit <del>h and</del> accept the appointment as <u>regi</u>				esignatea in
1/1				1.1	/
<u> </u>				3/24/2	1012
\ T -	Bequired Signature/Registered Agent			Date	
I submit this docum	went and affirm that the facts stated herein are t	rue. I am av	vare that the	e false information su	bmitted in a
document to the De	partment of State constitutes a third degree felony	as provided f	or in s.817.1	55, F.S.	