

P/2000057356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

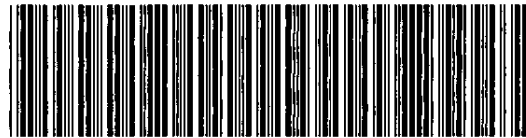
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

ADDED CORPORATE SUFFIX
PER TELEPHONE CONVERSATION
WITH ELAINE BERKOWITZ

K 06/27/12

Office Use Only



900236596199

06/25/12--01031--008 **78.75

FILED
12 JUN 25 AM 9:50
REGISTRY OF STATE
TALLAHASSEE, FLORIDA

K 06/27/12

COVER LETTER

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

SUBJECT: ELAINE BERKOWITZ

(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: ELAINE BERKOWITZ

Name (Printed or typed)

714 N FEDERAL HWY

Address

HALLANDALE BEACH, FL 33009-2409

City, State & Zip

(954) 456-9411

Daytime Telephone number

AUSTINAFINDLATER@BELLSOUTH.NET

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 ELAINE BERKOWITZ, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
714 NORTH FEDERAL HWY
HALLANDALE BEACH
FLORIDA 33009-2409

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO PROVIDE BEAUTY CARE IN THE FORM OF HAIR STYLING, NAILS AND SKIN CARE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ELAINE BERKOWITZ- PRESIDENT
Address: 714 N. FEDERAL HWY
HALLANDALE BEACH, FL 33009-2409

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: ELAINE BERKOWITZ
Address: 714 N FEDERAL HWY
HALLANDALE BCH, FL 33009-2409

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ELAINE BERKOWITZ
Address: 714 N FEDERAL HWY
HALLANDALE, FL 33009-2409

12 JUN 25 AM 9:50
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

* Elaine Berkowitz
Required Signature/Registered Agent

06/21/12
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.

* Elaine Berkowitz
Required Signature/Incorporator

06/21/12
Date