

P12000057407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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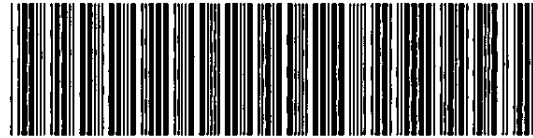
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/11/12--01027--013 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 25 AM 11:22

W12-3824
Bm 1/107/12

COVER LETTER

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

SUBJECT: JUL'S PLACE

(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: **JULISA RAMIREZ**

Name (Printed or typed)

8816 COCHISE LN

Address

PORT RICHEY, FL. 34668

City, State & Zip

(727) 247-4281

Daytime Telephone number

JULSRAMIREZ@YAHOO.COM

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2012

JULISA RAMIREZ
8816 COCHISE LANE
PORT RICHEY, FL 34668

SUBJECT: JUL'S PLACE
Ref. Number: W12000031826

We have received your document for JUL'S PLACE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return 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.

Pamela Smith
Regulatory Specialist II

Letter Number: 612A00016476

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12 JUN 25 PM 3:07
DIVISION OF CORPORATIONS

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:

JUL'S PLACE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8816 COCHISE LN
PORT RICHEY, FL 34668

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HAIR SALON, ETC

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JULISA RAMIREZ, PRESIDENT
Address: 8816 COCHISE LN
PORT RICHEY, FL 34668

Name and Title: MANUEL RAMIREZ, VP
Address: 556 CRESSIDA CIR
SPRING HILL, FL 34609

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: JULISA RAMIREZ
Address: 8816 COCHISE LN
PORT RICHEY, FL 34668

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JULISA RAMIREZ
Address: 8816 COCHISE LN
PORT RICHEY, FL 34668

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DIVISION OF CORPORATIONS
12 JUN 25 AM 11:22

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

Julisa Ramirez
Required Signature/Registered Agent

04/10/2012

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.

Julisa Ramirez
Required Signature/Incorporator

04/10/2012

Date