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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRP
9/10/12

COVER LETTER

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

SUBJECT: BELLA LASER HAIR REMOVAL 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: MARLENE M. AZIZ

Name (Printed or typed)

7785 W. IRLO BRONSON MEMORIAL HWY

Address

KISSIMMEE, FL. 34747-1727

City, State & Zip

(407) 396 -8200

Daytime Telephone number

maziz1961@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: **BELLA LASER HAIR REMOVAL INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
MARLENE M. AZIZ
12417 BRAXTED DR
ORLANDO, FL 32837

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
HAIR REMOVAL

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **MARLENE M. AZIZ**
Address: **12417 BRAXTED DR**
ORLANDO, FL 32837

Name and Title: _____
Address: _____

Name and Title: **JANNEI R AZIZ**
Address: **12417 BRAXTED DR**
ORLANDO, FL 32837

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:

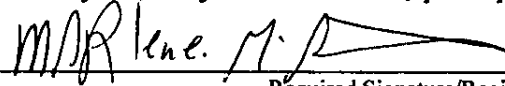
Name: **MARLENE M. AZIZ**
Address: **12417 BRAXTED DR**
ORLANDO, FL 32837

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **MARLENE M. AZIZ**
Address: **12417 BRAXTED DR**
ORLANDO, FL 32837

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

SEPTEMBER 05/2012

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

9/5/2012

Date

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12 SEP - 7 PM 12: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA