

P12000079551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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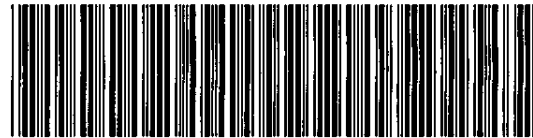
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-18-12
5

COVER LETTER

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

SUBJECT: WILD ORCHID SPA AND SALON CORP.
(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: NATALIYA ROSENFELD
Name (Printed or typed)

6807 VIA REGINA
Address

BOCA RATON FL 33433
City, State & Zip

954-245-8287
Daytime Telephone number

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 Wild Orchid Spa and Salon Corp
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
23257 State Road 7 suite 202
Boca Raton FL 33428

Mailing address, if different is:
6807 Via Regina
Boca Raton FL 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all business activities

ARTICLE IV SHARES

The number of shares of stock is: 1,000 the par value of each stock share is \$ 1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Nataliya Rosenfeld</u> <u>President</u>	Name and Title: _____
Address: <u>6807 Via Regina</u>	Address: _____
<u>Boca Raton FL 33433</u>	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Nataliya Rosenfeld
Address: 6807 Via Regina
Boca Raton FL 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nataliya Rosenfeld
Address: 6807 Via regina
Boca raton FL 33433

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

Nataliya Rosenfeld

Required Signature/Registered Agent

09/13/2012

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.

Nataliya Rosenfeld

Required Signature/Incorporator

09/13/2012

Date

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