

P120000050037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

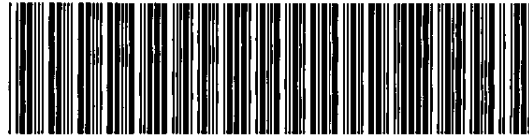
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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W12-44460 96

COVER LETTER

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

SUBJECT: Syvane Hair and Nail 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Syvane Syhapanya
Name (Printed or typed)

375 Northlake Blvd Apt 1027
Address

Altamonte Springs, FL 32701
City, State & Zip

(321) 438-5053
Daytime Telephone number

AA&DTowing1@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

RECEIVED

12 SEP 19 AM 11:12

2013-09-19 11:12 AM

August 28, 2012

SYVANE SYHAPANYA
375 NORTHLAKE BLVD APT 1027
ALTAMONTE SPRINGS, FL 32701

SUBJECT: SYVANE HAIR AND NAIL SALON, CORP.
Ref. Number: W12000044460

We have received your document for SYVANE HAIR AND NAIL SALON, CORP. and your check(s) totaling \$90.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 112A00021899

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: Syvane Hair and Nail Salon, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address
375 Northlake Blvd
Apt 1027
Altamonte Springs, FL 32701

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To perform hair, nail and skin treatments to residents and visitors in Central Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Syvane Syhapanya, President
Address: 375 Northlake Blvd
Apt 1027
Altamonte Springs, FL 32701

Name and Title: Alvin Garcia, Vice-President
Address: 375 Northlake Blvd
Apt 1027
Altamonte Springs, FL 32701

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: Syvane Syhapanya
Address: 375 Northlake Blvd Apt 1027
Altamonte Springs, FL 32701

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tiffany Bolden
Address: PO BOX 941744
Maitland, FL 32794

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

Syvane Syhapanya
Required Signature/Registered Agent

August 30, 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.

Tiffany Bolden
Required Signature/Incorporator

August 30, 2012
Date

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