

P120000091986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

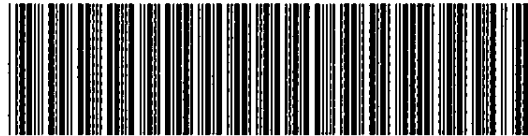
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: GirlzLyfe Incorporated
(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: Maria V. Burqueno-Rose
Name (Printed or typed)

6941 SW 19th Avenue Suite # 30
Address

Davie, FL 33332
City, State & Zip

954-895-1584
Daytime Telephone number

mmvLebron@aol.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: Girlz Lyfe Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address
6941 SW 196 AVE
Suite # 30
DAVIE, FL. 33332

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

E-Commerce Store. Selling custom Jewelry, Clothing, Accessories and House wares online. All lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 5000.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maria V. Burqueto-Rose Name and Title: _____
Address: 50% owner - CEO Address: _____
17550 SW 7 street
Pembroke Pines, FL. 33029

Name and Title: Michael C. Rose Name and Title: _____
Address: 50% owner - CEO Address: _____
17550 SW 7 street
Pembroke Pines, FL. 33029

Name and Title: Cristina Ramos Name and Title: _____
Address: Treasurer Address: _____
16965 SW 92 court
Miami, FL. 33157

ARTICLE VI REGISTERED AGENT

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

Name: Maria V. Burqueto-Rose
Address: 6941 SW 196 ave suite # 30
DAVIE, FL. 33332

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maria V. Burqueto-Rose
Address: 6941 SW 196 ave suite # 30
DAVIE, FL. 33332

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

Maria V. Burqueto-Rose
Required Signature/Registered Agent

10/11/2012
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.

Maria V. Burqueto-Rose
Required Signature/Incorporator

10/11/2012
Date

12 NOV - 1 AM 2012