

P12000097126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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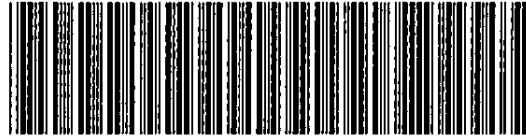
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

J. Shivers NOV 27 2012

## COVER LETTER

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

SUBJECT: **My Little Princess Spa Party, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: **Enrique Santisteban**

Name (Printed or typed)

**8004 Northwest 154 Street, #547**

Address

**Miami Lakes, FL 33016**

City, State & Zip

**786-447-5638**

Daytime Telephone number

**exoticrides@live.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: **My Little Princess Spa Party, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
My Little Princess Spa Party  
9500 Northwest 79th Avenue, #2  
Hialeah Gardens, FL 33016

Mailing address, if different is:  
My Little Princess Spa Party  
8004 Northwest 154 Street, #547  
Miami Lakes, FL 33016

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **To conduct business in Florida**

**ARTICLE IV SHARES**

The number of shares of stock is: **50**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Enrique Santisteban, President  
Address: 8004 Northwest 154 Street, #547  
Miami Lakes, FL 33016

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Arlene Rodriguez, Secretary  
Address: 8004 NW 154 Street, #547  
Miami Lakes, FL 33016

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: Enrique Santisteban  
Address: 8004 Northwest 154 Street, #547  
Miami Lakes, FL 33016

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Enrique Santisteban  
Address: 8004 Northwest 154 Street, #547  
Miami Lakes, FL 33016

*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

11-23-12

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

11-23-12

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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