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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 08 2013

COVER LETTER

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

SUBJECT: PROLINE BEAUTY DISTRIBUTORS 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: ARIEL ANDRES GONZALEZ
Name (Printed or typed)

769 NE 77 TERRACE
Address

MIAMI, FLORIDA 33138
City, State & Zip

305-810-9767
Daytime Telephone number

ariel07@me.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: **PROLINE BEAUTY DISTRIBUTORS, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
769 NE 77 TERRACE
MIAMI, FL. 33138

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **Sale and distribution of beauty and cosmetic products.**

ARTICLE IV SHARES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **ARIEL ANDRES GONZALEZ - PRESIDENT**
Address: **769 NE 77 TERRACE**
MIAMI, FL. 33138

Name and Title: _____
Address: _____

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:

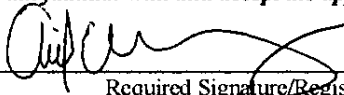
Name: **ARIEL ANDRES GONZALEZ**
Address: **769 NE 77 TERRACE**
MIAMI, FL. 33138

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **ARIEL ANDRES GONZALEZ**
Address: **769 NE 77 TERRACE**
MIAMI, FL. 33138

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

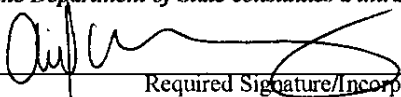


Required Signature/Registered Agent

12-17-2012

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

12-17-2012

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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