

P13000025365

(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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13 MAR 18 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 3/19

## COVER LETTER

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

SUBJECT: Everything Beauty Supply Store 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: Karlene Lyttle  
Name (Printed or typed)  
7910-B sw 8th CT  
Address  
North Lauderdale FL, 33068  
City, State & Zip  
954-483-7240  
Daytime Telephone number  
lyttle1373@hotmail.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: Everything Beauty Supply Store Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

790 NW 1st Street suite A

Dania Beach FL,33004

Mailing address, if different is:

7910-B sw 8th CT

North Lauderdale FL 33068

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To Operate A Beauty Supply

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Karlene Lyttle (Director)

Address: 7910-B Sw 8th Ct

North Lauderdale

FL,33068

Name and Title: Willie Sanders (Director)

Address: 5740 Fletcher Street

Hollywood FL,33004

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

Address \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Address \_\_\_\_\_

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

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(conti.)

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: Willie M. Sanders Sr.

Address: 5740 Fletcher Street

Hollywood FL, 33004

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**ARTICLE VII INCORPORATOR**

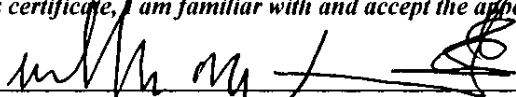
The name and address of the Incorporator is:

Name: Karlene Lyttle

Address: 7910-B SW 8th CT

North Lauderdale FL, 33068

*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*

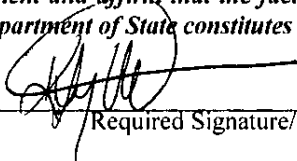


Required Signature/Registered Agent

03/12/13

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

03/12/13

Date