

P130000025537

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W13000005608



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01/28/13--01018--020 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 MAR 18 PM 3:10

✓ pm 3/19/13

## COVER LETTER

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

SUBJECT: **VIOR SALON 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  
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: **VIOREL BUJULEA**

Name (Printed or typed)

**5017 ISLAND CLUB DR**

Address

**TAMARAC FL 33319**

City, State & Zip

**954-268-8375**

Daytime Telephone number

**VIORSALON@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

March 6, 2013

VIOR SALON INC.  
5017 ISLAND CLUB DRIVE  
TAMARAC, FL 33319

SUBJECT: VIOR SALON INC  
Ref. Number: W13000005608

RECEIVED  
13 MAR 18 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for VIOR SALON INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as incorporator in the document and the person signing as incorporator must be the same.

Please return the corrected original and one copy of 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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 313A00005390

**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: VIOR SALON INC.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5017 ISLAND CLUB DR

TAMARAC FL 33319

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: BEAUTY SALON, NAILS TECH  
FACIAL, MESSAGE PHOTOGRAFY VIDEO, TANNING

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

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

Name and Title: VIOR SALON INC. PRESIDENT

Address 5017 ISLAND CLUB DR

TAMARAC FL 33319

954-268-8375

Name and Title: LILIANA PORCESCU V/P

Address 5015 ISLAND CLUB DR

TAMARAC FL 33319

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

Address \_\_\_\_\_

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

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

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

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

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

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 MAR 18 PM 3:10

(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: VIOREL BUJULEA  
Address: 5017 ISLAND CLUB DR  
TAMARAC FL 33319


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13 MAR 18 PM 3:10

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: CELIANE BORNELUS  
Address: 5363 N STATE RD 7  
TAMARAC FL 33319

*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*

Viorel Bujulea   
Required Signature/Registered Agent

3/14/2013  
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.*

Celiane Bornelus   
Required Signature/Incorporator

3/14/2013  
Date