

P13000038667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

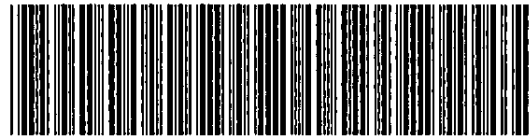
(Business Entity Name)

(Document Number)

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FILED  
13 APR 29 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 29 2013  
M. SOLOMON

**COVER LETTER**

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

**FILED**  
**13 APR 29 AM 11:30**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT:** Loba Essentials, 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:** Kimberly A. Gilmour

Name (Printed or typed)

4179 Davie Road - Suite 101

Address

Davie, FL 33314

City, State & Zip

954-584-6460

Daytime Telephone number

Gilmourlaw@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

Loba Essentials, Inc.

The name of the corporation shall be:

## ARTICLE II PRINCIPAL OFFICE

Principal street address

2291 N.E. 122nd St.

North Miami, FL 33181

Mailing address, if different is:

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to develop, market and manufacture hair and non-hair products and inventions. The corporation will transact any and all lawful business for which a corporation may be incorporated under the laws of Florida.

## ARTICLE IV SHARES

The number of shares of stock is: one hundred (100).

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lorraine DaSilva, President

Address: 18151 N.E. 31st Court

Suite 806

Aventura, FL 33160

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

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

Name and Title: Barbra Hoffman, Treasurer/Secretary

Address: 2291 N.E. 122nd St.

North Miami, FL 33181

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: Kimberly A. Gilmour, Esq.

Address: 4179 Davie Road - Suite 101

Davie, FL 33314

## ARTICLE VII INCORPORATOR

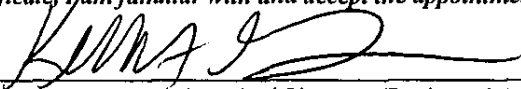
The name and address of the Incorporator is:

Name: Kimberly A. Gilmour, Esq.

Address: 4179 Davie Road - Suite 101

Davie, FL 33314

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

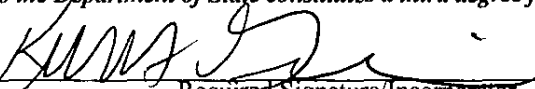


Required Signature/Registered Agent

4/25/13

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

4/25/13

Date

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

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

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

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Address: 4179 Davie Road - Suite 101  
Davie, FL 33314

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Kimberly A. Gilmour

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4/25/13  
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Kimberly A. Gilmour

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