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(Re	questor's Name)	
(Ad	dress)	<u> </u>
. (Ad	dress)	 .
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Ви	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
ALL AHASSEE FLORIDA

MRD /13

COVER LETTER

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

SUBJECT: Nat	turally Beautiful	lnc.	
	(PROPOSED CORPORA	ATE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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 CO	PY REQUIRED
		e (Printed or typed)	· · · · · · · · · · · · · · · · · · ·
47	74 Inverrary Dr.	# 804 Address	
La	auderhill, FL 333	19	
95	City. 54-245-9478	, State & Zip	
or	neluvdel@aol.co	Celephone number Med 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)

Principal street address 74 Inverrary Dr. # 804 uderhill, FL. 33319 FAELAHASSEE, FLORID FIGURE III PURPOSE Durpose for which the corporation is organized is: Hair stylist business FIGURE IV SHARES UMBER 100			iful Inc.	FILED
Uderhill, FL. 33319 ICLE IV SHARES unpose for which the corporation is organized is: Hair stylist business Hair stylist business ICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address Name and Title: Name and Title: Address Name and Title:	ICLE II PR		N	Mailing address if differentis: Du 10.
PICLE IV SHARES Purpose for which the corporation is organized is: Hair stylist business	74 Inverr	ary Dr. # 804		
PICLE IV SHARES and JOD SHARES IN SH	uderhill, l	FL. 33319		TABLAHASSEE, FLORIDA
Address	ICLE III PUR purpose for which	the corporation is organized is: Hair s	tylist busi	ness
Address 4174 Inverrary Dr. #804 Address: Lauderhill, FL. 33319 Name and Title: Name and Title: Name and Title: Address: Address: Name and Title: Name and Title:				
Address 4174 Inverrary Dr. #804 Address: Lauderhill, FL. 33319 Name and Title: Name and Title: Name and Title: Address: Address: Name and Title: Name and Title:				
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Address 4174 Inverrary Dr. #804 Address: Lauderhill, FL. 33319 Name and Title: Name and Title: Address: Address: Address: Name and Title: Name and Title:	umber of shares of	stock is: 100		24 P
Name and Title: Address: Name and Title: Address: Name and Title: Name and Title: Name and Title:	ICLE V INT	TIAL OFFICERS AND/OR DIRECTOR	<u> </u>	24 PHICE
Name and Title: Address Address: Name and Title: Name and Title: Name and Title:	ICLE V INT	TIAL OFFICERS AND/OR DIRECTOR		24 PM 12: 32 24 PM 12: 32 NSSEE, FLORIDA
Address: Name and Title: Name and Title:	ICLE V INT	TIAL OFFICERS AND/OR DIRECTOR Dellone Martin President	Name and Title:	24 PH 12: 32 24 PH 12: 32 NSSEE, FLORIDA
Name and Title: Name and Title:	ICLE V INT	TIAL OFFICERS AND/OR DIRECTOR Dellone Martin President 4174 Inverrary Dr. #804	Name and Title:	24 PH 12: 32 24 PH 12: 32 N. SSEE, FLORD A
Name and Title: Name and Title:	Name and Title Address	Dellone Martin President 4174 Inverrary Dr. #804 Lauderhill, FL. 33319	Name and Title: Address:	
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Name ar	nd Title:	Name and Title:	13	JUN 24	PH 12:	37	
Address	3	Address:					
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•		-	- 17.	LAHA36	[- []]] 	3.2.85	
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ARTICLE VI	REGISTERED AGENT						
	lorida street address (P.O. Box NOT acceptable) o	f the registered agent is:					
Name:	Dellone Martin						
	4174 Inverrary Dr. #804	-				•	
Address:		_					
	Lauderhill, FL. 33319	_		二公 己			
				ESS -			
ARTICLE VII	INCORPORATOR			第四 9	1 7 7		
The name and a	ddress of the Incorporator is:						
Name:	Dellone Martin						
Address:	4174 Inverrary Dr. #804	_		386 31:11	PN 12: 32		
ridaress.	Lauderhill, FL. 33319			77	70		
		_					
Having been na	med as registered agent to accept service of process am familiar with and accept the appointment as rej	s for the above stated corp	poratio	n at the place	ce design	ated in	
inis certificate, 1	am jamular with and accept the appointment as reg	gisteren ugent una ugree ti					
الرعن	our Marki			<u>06/19/</u>	2013	3	
	Required Signature/Registered Agent			D	ate		
I submit this do document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the	e false 1.155, 1	information F.S.	ı submitte	ed in a	
11.	No. 1			06/19	3/2N1	3	
TRIBU	Required Signature/Incorporator				Date		