

P1300000629/63

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

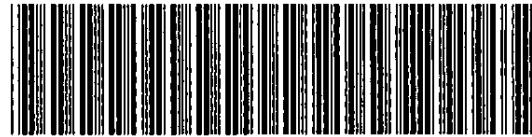
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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07/25/13--01026--008 \*\*78.75

13 JUL 25 PM 12:04  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

7/30  
98

## COVER LETTER

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

SUBJECT: **SA Beauty 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: **SA Beauty Inc**

Name (Printed or typed)

**19204 W Dixie Hwy**

Address

**Miami, FL 33180**

City, State & Zip

**954-790-0963**

Daytime Telephone number

**ANIC45@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: SA Beauty Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

19204 W Dixie Hwy

Miami, FL 33180

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Started a new business - hair and nails service

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Suzana Djoric - P

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

Address

301 NE 14 Ave, #408

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

Hallandale Beach, FL 33009

Name and Title: Ani Cohen - V.P.

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

Address

2500 Parkview Dr. #1207

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

Hallandale Beach, FL 33009

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

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

Address

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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 JUL 25 PM 12:04

(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: Suzana Djoric  
Address: 19204 W Dixie Hwy  
Miami, FL 33180

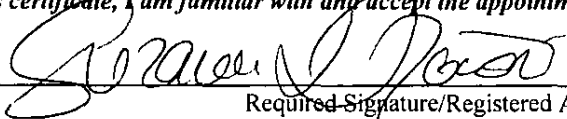
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Suzana Djoric  
Address: 19204 W Dixie Hwy  
Miami, FL 33180

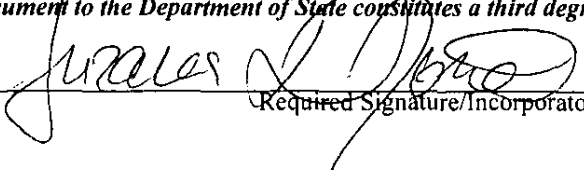
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SECRETARY OF STATE  
DIVISION OF CORPORATION

*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

7/19/2013  
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.*

  
Required Signature/Incorporator

7/19/2013  
Date