

P/3000076063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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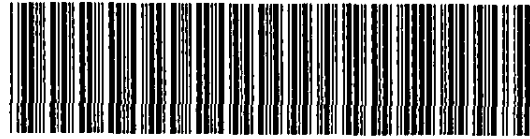
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/16/13

COVER LETTER

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

SUBJECT: Alesandras Music and Hair Company
(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: Alesandra Valenzuela
Name (Printed or typed)

649 Wallis ave
Address

Sebastian, FL. 32958
City, State & Zip

408-396-6434
Daytime Telephone number

Alesandrasmusic@sbcglobal.net
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLE I NAME

The name of the corporation shall be:

Alesandras Music and Hair Company

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

649 Wallis Ave

Sebastian FL. 32958

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

1. To engage in the business of musical performance, composure, production, publication and licensing, marketing, duplication, distribution and more.
 2. To engage in the business of hair and make-up styling, fashion, and education and marketing of all things hair and music.
- For any reason in any location.

ARTICLE IV SHARES

The number of shares of stock is:

TEN

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Alesandra Valenzuela
Director

Name and Title:

Address

649 Wallis Ave

Address:

Sebastian FL. 32958

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FLORIDA

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: Alesandra Valenzuela
Address: 649 Wallis ave
Sebastian FL 32958

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alesandra Valenzuela
Address: 649 Wallis ave
Sebastian FL 32958

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

A. Valenzuela
Required Signature/Registered Agent

Sept 5th 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.

A. Valenzuela
Required Signature/Incorporator

Sept 5th 2013
Date