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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	<u>e)</u>
(Do	ocument Number)	
Certified Copies		of Status
Certified Copies	_ Certificates	O) Status
Special Instructions to	Filing Officer:	

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COVER LETTER

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

SUBJECT: _ h	lula Girls, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an or	riginal and one (1) copy of the art	icles of incorporation an	d a check for:
\$70.00 Filing Fee		□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	PY REQUIRED
FROM: _	Liane Covelli Name	(Printed or typed)	
	7200 NW 43rd Avenue		
	1	Address	
	Coconut Creek, FL 33073		
	City,	State & Zip	
	561-910-0330		
	Daytime T	elephone number	
	mike@covellidesign.com		
	E-mail address: (to be use	for future annual report i	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)

<u>ARTICLE I NAMI</u>	<u> </u>			
The name of the corporation	on shall be: Hula Girls, Inc.			
	CIPAL OFFICE Principal street address	ŗ	Mailing address, if different is:	
8351 Dynasty Drive				
Boca Raton, FL 3343	33			
ARTICLE III PURP	OSE corporation is organized is:any law			
The purpose for which the	corporation is organized is.			
				<u>ت</u>
			<u> </u>	
				12
			• 2 6	<u>;;;</u>
ARTICLE IV SHAR The number of shares of st		ck - \$1.00 par value	_	(4.2 1.13
The number of states of st	(RCK)S.		#H 12:	2. ; C:
ARTICLE V INITI	AL OFFICERS AND/OR DIRECTO	ORS	<u>S</u>).).
			Liane Covelli, Vice President	
Address _	8351 Dynasty Drive	Address:	7200 NW 43rd Avenue	_
-	Boca Raton, FL 33433	_ .	Coconut Creek, FL 33073	
Name and Title:_	Teresa Spagnolo, Secy/Treas.	Name and Title:		_
Address	8351 Dynasty Drive			
71001003	Boca Raton, FL 33433			
_	BOCA NAION, I E 33433	_		
_		·		
Name and Title:		Name and Title:		
Address _		Address:		,_
-		-		

Name an	d Title:	Name and Title:	
Address		Address:	<u>,</u>
		· · · · · · · · · · · · · · · · · · ·	
			,
ARTICLE VI	REGISTERED AGENT		
The name and Fl	orida street address (P.O. Box NOT acceptabl	e) of the registered agent is:	1"'1
Name:	Liane Covelli		1
Address:	7200 NW 43rd Avenue		
	Coconut Creek, FL 33073		5
ARTICLE VII	INCORPORATOR		# 17:50
The <u>name</u> and ad	ldress of the Incorporator is:		ਹਾ <u>ੂੰ</u> ਬਾ
Name:	Liane Covelli		38
Address:	7200 NW 43rd Avenue		
	Coconut Creek, FL 33073		
Having been nan this certificate, I d	ned as registered agent to accept service of pro am familiar with and accept the appointment as	cess for the above stated corporation at the plac s registered agent and agree to act in this capacit	e designated in y
✓ -	Ti lade	V 9-23	-/3
	Required Signature/Registered Agent	D	-/3
I submit this doc document to the I	ument and affirm that the facts stated herein Department of State constitutes a third degree f	are true. I am aware that the false information elony as provided for in s.817.155, F.S.	submitted in a
7 L	Required Signature/Incorporator	×9-	23-/3 Date