

P13000082060

(Requestor's Name)

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(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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13 OCT -1, AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 11, 2013

SUSETTE PORTILLA  
12981 SW 30 ST #132  
MIRAMAR, FL 33027

SUBJECT: SUSETTE HAIR DESIGN, INC.  
Ref. Number: W13000050171

We have received your document for SUSETTE HAIR DESIGN, INC. and your check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Diane Cushing  
Regulatory Specialist II Supervisor

Letter Number: 213A00021369

## COVER LETTER

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

**SUBJECT:** Susette Hair Desing, 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:** Susette Portilla  
Name (Printed or typed)  
12981 sw 30 st #132  
Address  
Miramar, Fl, 33027  
City, State & Zip  
7866638290  
Daytime Telephone number  
susetteportilla@yahoo.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**            Susette Hair Design, Inc.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

12981 SW 30 ST #132

Miramar FL 33027

**ARTICLE III    PURPOSE**

Any and all lawful business

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV    SHARES**    100

The number of shares of stock is: \_\_\_\_\_

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

Name and Title:    Susette Portilla

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

Address            12981 Sw 30 st #132

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

Miramar Fl 33015

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

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

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

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

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18 OCT -4 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

(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: Susette Portilla

Address: 12981 sw 30 st #132

Miramar fl 33027

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Susette Portilla

12981 sw 30 st #132

Address: Miramar fl 33027

*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*

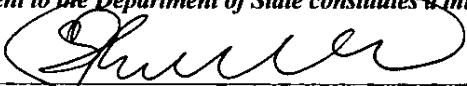


Required Signature/Registered Agent

08/26/2013

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

08/26/2013

Date