

P/3000095844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

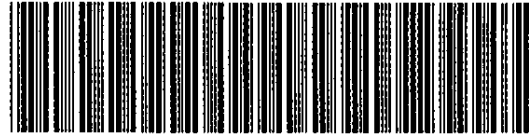
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

ADDFO CORPORATE SUFFIX
AND # OF SHARES OF
STOCK, PER TELEPHONE
CONVERSATION WITH
MARILENA GRISOLIA.

Office Use Only

11/27/13



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11/26/13--01026--003 **87.50

FILED
13 NOV 26 PM 3:21
TALLAHASSEE, FLORIDA

11/27/13

COVER LETTER

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

SUBJECT: Marielena Grisolia Full Specilaist
(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: Marielena Grisolia
Name (Printed or typed)
9958 SW Eastbrook Cir
Address
Port Saint Lucie Fl, 34987
City, State & Zip
772-224-7395
Daytime Telephone number
marielenagrisolia@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: Marielena Grisolia, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9958 SW Eastbrook Cir
Port Saint Lucie Fl 34987

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Manicure, Pedicure, Waxing and all
related with this profession and any lawfull commerce

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marielena Grisolia Name and Title: _____

Address 9958 SW Eastbrook Address: _____
Cir, Fl, 34987

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 NOV 26 PM 3:21

(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: Marielena Grisolia

Address: 9958 SW Eastbrook Cir

Port Saint Lucie Fl, 34987

ARTICLE VII INCORPORATOR

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

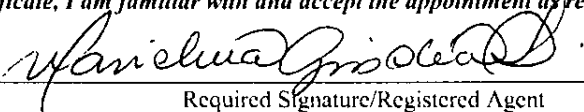
Name: Marielena Grisolia

Address: 9958 SW Esatbrook Cir

Port Saint Lucie Fl 34987

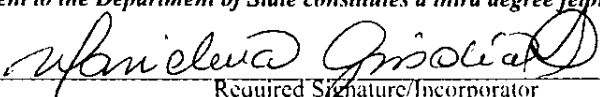
13 NOV 26 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

11/22/18
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

11/22/13
Date