

P13000097465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

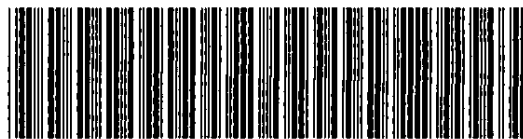
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: Alexis Nicolette Skin & Nail Boutique, 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: Alexis Sarmentero
Name (Printed or typed)
5819 Sunset Drive
Address
South Miami, Florida 33143
City, State & Zip
(305)588-3476
Daytime Telephone number
alexisnicoletteskinandnailbtq@gmail.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: Alexis Nicolette Skin & Nail Boutique, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

Alexis Sarmentero

Same

5819 Sunset Drive

South Miami, FL 33143

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To open a service establishment in the state of Florida

ARTICLE IV SHARES

The number of shares of stock is: 100 \$0.001

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alexis Sarmentero - President

Name and Title: _____

Address: 5819 Sunset Drive

Address: _____

South Miami, FL 33143

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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DIVISION OF CORPORATIONS
13 DEC -5 PM 3:28

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: Alexis Sarmentero
Address: 5819 Sunset Drive
South Miami, FL 33143

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

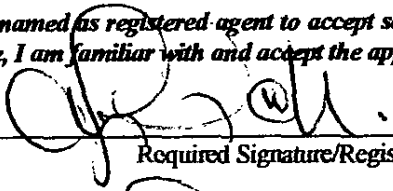
Name: Alexis Sarmentero
Address: 5819 Sunset Drive
South Miami, FL 33143

ARTICLE VIII DATE OF COMMENCEMENT

The effective date of operations for this business is January 1, 2014.

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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

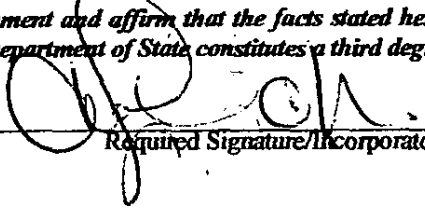


Required Signature/Registered Agent

10/29/2013

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

10/29/2013

Date

(cont.)

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: Alexis Sarmentero
Address: 5819 Sunset Drive
South Miami, FL 33143

ARTICLE VII INCORPORATOR

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

Name: Alexis Sarmentero
Address: 5819 Sunset Drive
South Miami, FL 33143

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10/29/2013
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Required Signature/Incorporator
10/29/2013
Date