

(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:				

Office Use Only



700259953697

FILING CANCELLED RETURNED CHECK

05/09/14--01015--003 **87.50

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Signif

COVER LETTER

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

SUBJECT:	ROYAL	IMAGE IN	<u>(.</u>	
	(PROPOSED CORPORA	TENAME - MUST INCL	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation an	d 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:	LARA I	ODICE (Printed or typed)		
1023 S. 16th AUENUE				
Holly wood FL, 33020				
	786.	State & Zip 310 961	1	
\	1	elephone number		
oyal 1 mage	E-mail address: (to be use	d 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)

Mary -9

PM 3: 27 ARTICLE I NAME
The name of the corporation shall be:____ ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
1023 SOUTH 16th AVENUE	P.O. Box 221236
HOLLYWOOD FLORIDA	Holly WOOD, FLORIDA
33020	33022
ARTICLE III PURPOSE The purpose for which the corporation is organized is: BEAUT AND ONLINE MERCHANDISING.	
- CROTINO TOROLO	
	FILING CANCELLED
ARTICLE IV SHARES The number of shares of stock is:	RETURNED CHECK
The number of shares of stock is.	-
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
Name and Title: TORY D. GRANT CFO Name	ne and Title:
Address 1340 NE 200th Add	dress:
Street NORTH Miami	
Beach, Fl 33179	
Name and Title: LARA A. TODICE (EDNam	us and Tisto.
10.20 < 11 11 11	
Address 1025 South 16th Add	iress:
FL, 33020	
Name and Title: Name	ne and Title
Address Add	ш съъ.
	:

Name and	l Title:Na	me and Title:	
Address	Ad	idress:	
			· · · · · · · · · · · · · · · · · · ·
ARTICLE VI	REGISTERED AGENT		
The <u>name and Fk</u>	orida street address (P.O. Box NOT acceptable) of the	registered agent is:	:
Name:	LARA. A. IDDICE		
Address:	1023 South 16th		
	Avenue Hollywood FL, 3	53020	FILING CANCELLE
ARTICLE VII	INCORPORATOR		RETURNED CHECK
The <u>name and ad</u>	dress of the Incorporator is:		
Name:	LARA A. TODICE		
Address:	1023 South 16th		
	Avenue Hollywood FL,	33020	
Having been nam his certificate. I d	of as registered agent to accept service of process for in familiar with and accept the appointment as register	the above stated c red agent and agre	corporation at the place designated in the to act in this capacity,
		U U	05/05/14
	Required Signature/Registered Agent		Date.
	iment and affirm that the facts stated herein are true. Department of State constitutes a third degree felony as		
	Lou Dela		05/05/14
	Required Signature/Incorporator		Date