

P14000570/3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

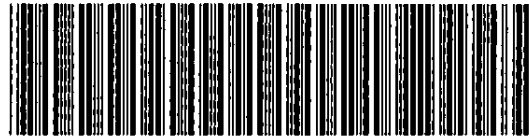
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

W14-28435



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14 JUN 27 PM 1:49

CLERK OF SUPERIOR COURT
DIVISION OF REVENUE



RECEIVED

FLORIDA DEPARTMENT OF STATE ¹⁴ MAY 19 PM 2:05
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 6, 2014

DEBORAH ESPOSITO
221 NW PLEASANT GROVE WAY
PORT ST. LUCIE, FL 34986

SUBJECT: BELLA COIFFEUR INC
Ref. Number: W14000028435

We have received your document for BELLA COIFFEUR INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 514A00009587

COVER LETTER

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

SUBJECT: BELLA COIFFEUR 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: DEBORAH Esposito
Name (Printed or typed)

221 NW PLEASANT GROVE WAY
Address

PORT ST. LUCIE FL. 34986
City, State & Zip

631-492-0546
Daytime Telephone number

debtotsie@aol.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:

BELLA Coiffeur Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

221 NORTHWEST PLEASANT
GROVE WAY,
PORT ST. LUCIE, FL 34986

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALON

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Name and Title:

Address

Address:

NA

N/A

Name and Title:

Name and Title:

Address

Address:

NA

N/A

Name and Title:

Name and Title:

Address

Address:

NA

N/A

(conti.)

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: _____

Address: _____

I accept as Registered Agent

DEBORAH ESPOSITO
221 NW PLEASANT GROVE WAY
PORT ST. LUCIE, FL. 34986

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____

Address: _____

DEBORAH ESPOSITO
221 NW PLEASANT GROVE WAY
PORT ST. LUCIE, FL. 34986

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

Deborah Esposito
Required Signature/Registered Agent

6/25/2014
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.

Deborah Esposito
Required Signature/Incorporator

4/17/2014
Date