PK100066784

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
· (Cit	y/State/Zip/Phone	: #)
PICK-UP	TIAW	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		!





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COVER LETTER

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

SUBJECT: F11	VALLY HAIR (PROPOSED CORPORA	CORPORAT	10 N
	(PROPOSED CORPORA	TENAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	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 CO	
FROM:	MARK /SMACH Name 6002 NW 731	ddress	
	Porkland F	7 33067 State & Zip	<u> </u>
_	954 - 234 - 4 Daytime Te	-282 elephone number	
	Mark & F E-mail address: (to be used	•	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)

The name of the corporation		Corporatio	n <u>20</u> =
	CIPAL OFFICE rincipal street address	•	g address, if different is:
6002 NW	73rd c+		388
Parkland,	FL 33067		PH 12: 4
ARTICLE III PURPO	OSE corporation is organized is:	l products	<u> </u>
ARTICLE IV SHAR The number of shares of st ARTICLE V INITE Name and Title:	/// A //	RS Pecident Name and Title:	
Address _	6002 NW 73 th Parkland, FL 33067	Address:	
Name and Title:_		Name and Title:	
Address _		Address:	
-		_ 	
		Name and Title:	
Address		Address:	
_			

Name and Title:	Name and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NOT		
Name: MALK ISMACH	AUG TI	
Address: 6002 NW 73' Parkland, F	dC+	
_Parkland, F	<i>L330</i> 67	
ARTICLE VII INCORPORATOR	TLSSO6/ EN STATE ORIGINAL	
The <u>name and address</u> of the Incorporator is:		
Name: MALK ISMAC	H	
Name: MACK ISMAC Address: 6002 NW 7:	3°d Ct	
Parkland, 1	FL 33067	
	vice of process for the above stated corporation at the place designated in intment as registered agent and agree to act in this capacity	!
Machelenich	8/5/14	
Required Signature/Register	ed Agent Date	
I submit this document and affirm that the facts state document to the pepartment of State constitutes a third	ed herein are true. I am aware that the false information submitted in a d degree felony as provided for in s.817.155, F.S.	!
Required Signature/Incorp	porator S/S/14 Date	