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☐ PICK-UP

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(Business Entity Name)

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14 SEP 26 PM 3:15  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: \_\_\_\_\_  
(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:

BARBARA LARISA GONZALEZ

Name (Printed or typed)

1351 SE 29th ST Apt 201

Address

HOMESTEAD, FL 33035

City, State & Zip

Daytime Telephone number

antialbeauty@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 26, 2014

BARBARA LANSA GONZALEZ  
1251 S.E. 24TH ST., APT. 201  
HOMESTEAD, FL 33035

SUBJECT: ANTIAL BEAUTY SUPPLY CORP.  
Ref. Number: W14000039879

We have received your document for ANTIAL BEAUTY SUPPLY CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) III THRU VII.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 014A00013922



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 21, 2014

BARBARA LANSA GONZALEZ  
4534 W. 12 AVENUE  
HIALEAH, FL 33012

\*\*\*2ND MAILING\*

SUBJECT: ANTIAL BEAUTY SUPPLY CORP.  
Ref. Number: W14000039879

We have received your document for ANTIAL BEAUTY SUPPLY CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) III, IV, V, VI and VII..

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 014A00013922

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: Artial Beauty Supply Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is

4534 W 19 Ave  
Hialeah, FL 33019

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide beauty supply

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Barbara Lanza Gonzalez Name and Title: President

Address: 1251 SE 29th ST Address: \_\_\_\_\_

Apt 201  
Homestead, FL 33035

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

(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: Barbara Lanita Gonzalez

Address: 4534 W 12 Ave  
Hialeah, FL 33012

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Barbara Lanita Gonzalez

Address: 4534 W 12 Ave  
Hialeah, FL 33012

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14 SEP 26 PM 3:15  
DEPARTMENT OF STATE  
ALL AMESSE, 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

Barbara Gonzalez  
Required Signature/Registered Agent

6/17/2014  
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.

Barbara Gonzalez  
Required Signature/Incorporator

7/17/2014  
Date