

P14000084026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

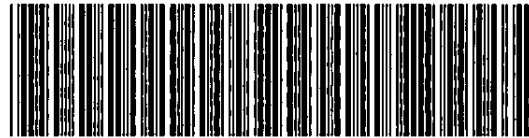
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 OCT -9 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/13/14

COVER LETTER

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

SUBJECT: PERFECT NAILS TAN & MORE, 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: JENNIFER ESCOBAR

Name (Printed or typed)

17014 NW 10 STREET

Address

PEMBROKE PINES FL 33028

City, State & Zip

Daytime Telephone number

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

SECRETARY OF STATE
TALLAHASSEE, FL 32304

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

AFFIDAVIT

I, JENNIFER ESCOBAR FORMER PRESIDENT OF PERFECT NAILS TAN & MORE, INC.
DOCUMENT # P12000055802 HEREBY THAT I HAVE NO INTENTIONS OF
REVOCATING THE DISSOLVED CORPORATION AND THEREFORE RELEASE THE
NAME TO PERFECT NAILS TAN & MORE, INC.

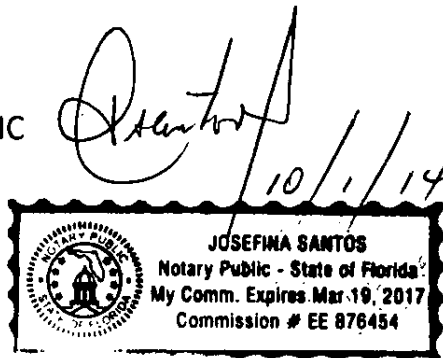
Jennifer Escobar
JENNIFER ESCOBAR

On Invoice # E216-420-85-955-0

STATE OF FLORIDA

COUNTY OF MIAMI DADE

NOTARY PUBLIC



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: PERFECT NAILS TAN & MORE, INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

17014 NW 10 STREET
PEMBROKE PINES FL. 33028

Mailing address, if different is:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JENNIFER ESCOBAR (PRESIDENT)

Name and Title: _____

Address 17014 NW 10 STREET

Address: _____

PEMBROKE PINES FL. 33028

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

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: JENNIFER ESCOBAR
Address: 17014 NW 10 STREET
PEMBROKE PINES FL. 33028

ARTICLE VII INCORPORATOR

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

Name: JENNIFER ESCOBAR
Address: 17014 NW 10 STREET
PEMBROKE PINES FL. 33028

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

Jennifer Escobar
Required Signature/Registered Agent

10-01-2014
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.

Jennifer Escobar
Required Signature/Incorporator

10-01-2014
Date

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