

P14000/02337

(Requestor's Name)

(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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W1400072939

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T. SCOTT



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2014

MILAYNE DOMINGUEZ
5586 W FLAGLER ST
MIAMI, FL 33143

*Effective date
January 1st 2015*

SUBJECT: MILY BEAUTY SALON FULL SERVICE, INC.
Ref. Number: W14000072939

We have received your document for MILY BEAUTY SALON FULL SERVICE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The incorporator needs to sign.,

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 414A00025800

COVER LETTER

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

* Effective Date
January 1st, 2015

SUBJECT: Mily Beauty Salon Full Service , 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Milayne Dominguez

Name (Printed or typed)

5586 W.Flagler St.

Address

Miami, Florida 33143

City, State & Zip

786-218-5178

Daytime Telephone number

fmilayne@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: Mily Beauty Salon Full Service ,Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5586 W. Flagler St.

Miami ,Florida 33143

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Full Service Beauty Salon.

ARTICLE IV SHARES

The number of shares of stock is: 100 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Milayne Dominguez Pres.

Name and Title: _____

Address 5586 W. Flagler St.

Address: _____

Miami,Florida 33143

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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(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: Milayne Dominguez
Address: 5586 W. Flagler St.
Miami, Florida 33143

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Milayne Dominguez
Address: 5586 W. Flagler St.
Miami, Florida 33143

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

X [Signature]
Required Signature/Registered Agent

12/22/2014
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.

X [Signature]
Required Signature/Incorporator

12/22/2014
Date