

P/50000001964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

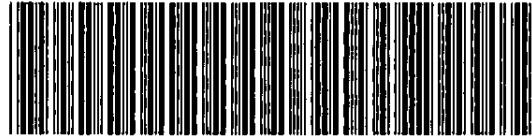
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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FILED  
15 JAN -7 PM 3:39  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

1014-60418

ymd 1/8

## COVER LETTER

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

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

She spa, Co.

(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 D. Lopez

Name (Printed or typed)

5891 W. 9th lane

Address

Hialeah, FL 33012

City, State & Zip

786-357-8111

Daytime Telephone number

Liliana badfeg@aol.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

October 3, 2014

JENNIFER D. LOPEZ  
5891 W. 9TH LANE  
HIALEAH, FL 33012

SUBJECT: SHE SPA, CO.  
Ref. Number: W14000060418

We have received your document for SHE SPA, CO. 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Percentages (%) are not required.

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: 414A00021210

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:

She Spa, Co.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5891 W. 9th lane  
Hialeah, Fl. 33012

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Beauty Spa + grooming

**ARTICLE IV SHARES**

The number of shares of stock is:

~~10000~~ 100

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

Name and Title:

Jennifer D. Lopez - president

Name and Title:

Address

5891 W. 9th lane  
Hia, Fl. 33012

Address:

Name and Title:

Liliana Hadfeg - treasurer

Name and Title:

Address

5891 W. 9th lane  
Hialeah, Fl. 33012

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:

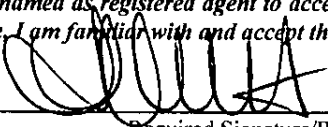
Name: Jennifer D. Lopez  
Address: 5891 W. 9th Lane  
Hiabeah, FL 33012

**ARTICLE VII INCORPORATOR**

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

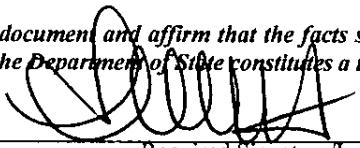
Name: Jennifer D. Lopez  
Address: 5891 W 9th Lane  
Hiabeah, FL 33012

*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*

  
Required Signature/Registered Agent

9/30/14  
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.*

  
Required Signature/Incorporator

9/30/14  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA