

PK5009067105

(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



700267700437

01/12/15--01030--006 \*\*78.75

FILED  
15 JAN 26 AM 7:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

WLS-2881

## COVER LETTER

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

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

*KERATIN EXPERTS 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: \_\_\_\_\_

*CARLOS M PINA*

Name (Printed or typed)

*40 NORTH FEDERAL HWY*

Address

*BOCA RATON FL 33432*

City, State & Zip

*561-416-2000*

Daytime Telephone number

*CARLOS@CARLOS@MAC.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

RECEIVED  
15 JAN 26 AM 11:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 15, 2015

CARLOS M PINA  
40 NORTH FEDERAL HWY  
BOCA RATON, FL 33432

SUBJECT: KERATIN XPERTS  
Ref. Number: W15000002881

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

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return 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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 215A00000852

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: KERATIN X-PETTS CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

40 NORTH FEDERAL HWY.  
BOCA RATON FL  
33432

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: BEAUTY SALON

**ARTICLE IV SHARES**

The number of shares of stock is: 100 -

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

Name and Title: CARLOS PINA PRES

Address: 99 ATLANTIC DR  
WPTB FL 33411

Name and Title: JUAN BURGOS

Address: 40 NORTH FEDERAL HWY.  
BOCA RATON FL 33432  
VICE-PRES.

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

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

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

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

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

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

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

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

FILED  
15 JAN 26 AM 7:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Name and Title:

CARLOS M PINA

Name and Title:

Address

99 ATWELL DR.  
WEST PALM BEACH  
FL 33411

Address:

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

CARLOS M PINA

Address:

99 ATWELL DR.  
W PB FL 33411

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

CARLOS M. PINA

Address:

99 ATWELL DR.  
W PB FL 33411

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 ~~submitting~~ submitting and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

Date

1/7/15

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

Date

1/7/15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

15 JAN 26 AM 7:08

FILED