

P/5000040073

(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



200272356112

04/29/15--01024--003 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE
15 APR 29 AM 11:40

05/05/15

COVER LETTER

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

SUBJECT: Pio-Pio Kids Salon, 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: MARIA C. RIBERA

Name (Printed or typed)

1316 S. HIAWASSEE RD APT.127

Address

ORLANDO, FL 32835

City, State & Zip

954-515-2361

Daytime Telephone number

pio-piokidsalon@hotmail.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: Pio-Pio Kids Salon, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1316 S. HIAWASSEE RD

APT 127

ORLANDO, FL 32835

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: 4

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIA C RIBERA, PRESIDENT

Name and Title: _____

Address 1316 S HIAWASSEE RD

Address: _____

APT 127

ORLANDO, FL 32835

Name and Title: MAZEN SHBIB, VICE-PRESIDENT

Name and Title: _____

Address 1316 S HIAWASSEE RD

Address: _____

APT 127

ORLANDO, FL 32835

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 APR 29 AM 11:40

(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: MARIA C RIBERA
Address: 1316 S HIAWASSEE RD APT127
ORLANDO, FL 32835

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 APR 29 AM 11:40

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARIA C RIBERA
Address: 1316 S HIAWASSEE RD APT 127
ORLANDO, FL 32835

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

Gloria C. Ribera 4.27.15
Required Signature/Registered Agent 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.

Maria C. Ribera 4.27.15
Required Signature/Incorporator Date