

P/15000042873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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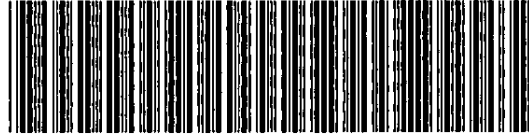
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAY - 8 PM 4: 29

π 05/13/15

COVER LETTER

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

SUBJECT: PAUL & MIREES SPA 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: MIREE PARK

Name (Printed or typed)

3844 TREE TOP DR

Address

WESTON FL 33332

City, State & Zip

201 - 983 - 2506

Daytime Telephone number

paulmagichands@gmail.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: PAUL & MIREES SPA INC

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

Mailing address, if different is:

3844 TREE TOP DR

WESTON FL 33332

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide massage services.

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MIREE PARK & PRESIDENT

Name and Title: SUNYONG YOON & MANAGER

Address: 3844 TREE TOP DR

Address: 3844 TREE TOP DR

WESTON FL 33332

WESTON FL 33332

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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DIVISION OF CORPORATION
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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: MIREE PARK

Address: 3844 TREE TOP DR

WESTON FL 33332

ARTICLE VII INCORPORATOR

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

Name: SUNYONG YOON

Address: 3844 TREE TOP DR

WESTON FL 33332

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

5/4/15
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

5/4/15
Date