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DIVISION OF CORPORATIONS
15 MAY 11 PM 4:35

05/15/15

COVER LETTER

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

SUBJECT: ASTERIA BEAUTY STUDIO, 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: NICOLE WOODS
Name (Printed or typed)

2616 NE 12th TERRACE
Address

POMPANO BEACH, FL 33064
City, State & Zip

954.531.8831
Daytime Telephone number

CHICETTA@OPTONLINE.NET
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: ASTERIA BEAUTY STUDIO, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

810 SE 8th AVENUE
Suite A

DEERFIELD BEACH, FL 33441

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFESSIONAL CORPORATION

ARTICLE IV SHARES

The number of shares of stock is: 100

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NICOLE WOODS Name and Title: _____
(PRESIDENT)

Address: _____ Address: _____
2616 NE 12th TER
POMPANO BEACH, FL 33064

Name and Title: JADE HARRIS Name and Title: _____
(VICE PRESIDENT)

Address: _____ Address: _____
19830 NE 10th PLACE
MIAMI, FL 33179

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(cont.)

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: NICOLE WOODS
Address: 2616 NE 12th TERRACE
POMPANO BEACH, FL 33064

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NICOLE WOODS
Address: 2616 NE 12th TERRACE
POMPANO BEACH, FL 33064

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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

Nicole Woods 4/9/15
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.

Nicole Woods 4/9/15
Required Signature/Incorporator Date