

P15000053403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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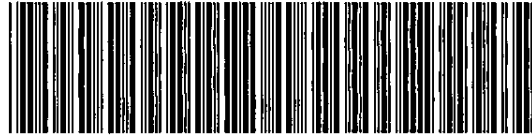
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATE AFFAIRS
15 JUN 17 AM 8:26

κ 06/23/15

COVER LETTER

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

SUBJECT: Marinella Makeup, 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: Marinella Infante
Name (Printed or typed)

992 W. Plymouth Street
Address

Tampa, FL 33603
City, State & Zip

(813) 361-9669
Daytime Telephone number

supermare8@mac.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 Marinella Makeup, Co.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
_____	_____
922 W. Plymouth Street	_____
_____	_____
Tampa, FL 33603	_____
_____	_____

ARTICLE III PURPOSE To provide a service doing hair and makeup.
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 100
The number of shares of stock is: _____

SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUN 17 AM 8:24

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marinella Infante - President	Name and Title: _____
Address: 922 W. Plymouth Street	Address: _____
Tampa, FL 33603	_____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

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: Marinella Infante
 Address: 922 W. Plymouth Street
Tampa, FL 33603

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 15 JUN 17 4:18:26

ARTICLE VII INCORPORATOR

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

Name: Marinella Infante
 Address: 922 W. Plymouth Street
Tampa, FL 33603

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

X [Signature]
 Required Signature/Registered Agent

June 15, 2015
 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.

X [Signature]
 Required Signature/Incorporator

June 15, 2015
 Date