

P/5000072452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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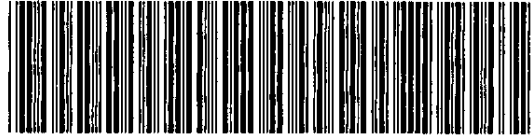
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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09/03/15

COVER LETTER

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

SUBJECT:

LASH DOLLS 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:

Jacquelyn Reyes

Name (Printed or typed)

2275 Biscayne Blvd Apt 503

Address

Miami FL 33137

City, State & Zip

(305) 890-7774

Daytime Telephone number

Jacquelyn R1016@yahoo.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: LASH DOLLS inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

2275 Biscayne Blvd
Apt 503 Miami FL
33137

Office

Mailing address, if different is:

1900 North Bayshore Dr
Suit 207 Miami FL
33132

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL Beauty Services

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ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

CEO Jacquelyn

Name and Title:

Reyes

Address

2275 Biscayne Blvd
miami 33137

Address:

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: Jacquelyn Reyes
Address: 2275 Biscayne Blvd
Miami 33137

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ARTICLE VII INCORPORATOR

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

Name: Jacquelyn Reyes
Address: 2275 Biscayne Blvd
Miami 33137

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

Jacquelyn Reyes
Required Signature/Registered Agent

8-24-15
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.

Jacquelyn Reyes
Required Signature/Incorporator

8-24-15
Date