

P15000078800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

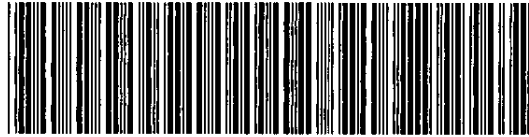
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COVER LETTER

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

SUBJECT: Lollipops Kid's 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Adolita Manzo

Name (Printed or typed)

45 25th Ave NE

Address

Naples, FL 34120

City, State & Zip

239-289-5005

Daytime Telephone number

adelitamanzo2014@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2015

ADELITA MANZO
45 25TH AVENUE NE
NAPLES, FL 34120

SUBJECT: LOLLIPOPS KID'S SPA INC.
Ref. Number: W15000057804

We have received your document for LOLLIPOPS KID'S SPA INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 115A00018372

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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: Lollipops Kid's Spa Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

45 25th Ave NE

Naples, FL 34120

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to service and promote spa services for children in the tween years.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adelita Manzo

Name and Title: _____

Address 45 25th Ave NE

Address: _____

Naples, FL 34120

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: Adelita Manzo
Address: 45 25th Ave NE
Naples, FL 34120

ARTICLE VII INCORPORATOR

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

Name: Adelita Manzo
Address: 45 25th Ave NE
Naples, FL 34120

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8/15/2015 (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

Adelita Manzo

Required Signature/Registered Agent

8/15/2015

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.

Adelita Manzo

Required Signature/Incorporator

8/15/2015

Date