

P 1500082022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

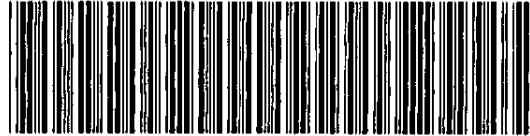
(Document Number)

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08/25/15--01015--002 \*\*78.75

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15 SEP 29 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/5/15

## COVER LETTER

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

**SUBJECT:** THREE G BEAUTY SALON, 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:** Gloria Gomez

\_\_\_\_\_  
Name (Printed or typed)

13205 Sw 137th Ave Suite 203

\_\_\_\_\_  
Address

Miami, FL 33186

\_\_\_\_\_  
City, State & Zip

786 287 4236

\_\_\_\_\_  
Daytime Telephone number

gloriagomez13@hotmail.com

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

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

DEPT. OF STATE  
CORPORATION DIVISION  
TALLAHASSEE, FL 32314

15 SEP 29 PM 12:55

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

15 SEP 29 AM 11:56

September 1, 2015

GLORIA GOMEZ  
13205 SW 137TH AVENUE  
SUITE 203  
MIAMI, FL 33186

SUBJECT: THREE G BEAUTY SALON, INC.  
Ref. Number: W15000058111

We have received your document for THREE G BEAUTY SALON, 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 915A00018488

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FLORIDA DEPARTMENT OF STATE  
3000 FLORIDA

**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: Three G Studio Salon, Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
13205 SW 137th Suite 203 Miami Fl 33186

Mailing address, if different is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Gloria Gomez President

Name and Title: Eduardo Sanchez Vice President

Address 13205 SW 137th Ave miami Fl 33186

Address: 13205 SW 137th Ave Miami Fl 33186

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: Gloria Gomez  
Address: 13205 SW 137th Ave Suite 203 Miami Fl 33186  
\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Gloria Gomez  
Address: 13205 SW 137th Ave Suite 203 Miami Fl 33  
\_\_\_\_\_

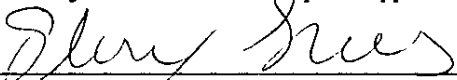
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

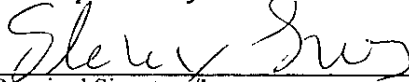
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**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*

 9/23/2015  
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.*

 9/23/2015  
Required Signature/Incorporator Date

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA