

P15000086259

(Requestor's Name)

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(City/State/Zip/Phone #)

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Special Instructions to Filing Officer:

W15-55198

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08/11/15--01021--013 **87.50

APPROVED
AND
FILED

15 OCT 15 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W15

COVER LETTER

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

SUBJECT: Rose's face and Body Contours 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: Rose Levenda
Name (Printed or typed)

1500 N. University DR Suite 106
Address

Coral Springs, FL 33071
City, State & Zip

954-732-1432
Daytime Telephone number

Roselevenda@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

September 9, 2015

ROSE LEVANDA
1500 N. UNIVERSITY DR SUITE 106
CORAL SPRINGS, FL 33071

SUBJECT: ROSES FACE AND BODY CONTOUR DAY SPA
Ref. Number: W15000055198

We have received your document for ROSES FACE AND BODY CONTOUR DAY SPA and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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.

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 515A00017337

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: Rose's face and body Contour, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1500 N. University Dr. Suite

106 Coral Springs, Fl 33071

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: day spa offering facials
and massages.

ARTICLE IV SHARES

The number of shares of stock is: 3

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rose Revenda - Owner Name and Title: _____

Address 1500 N. University Dr. Address: _____

Suite 106.

Coral Springs Fl 33071

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

APPROVED
AND
FILED
15 OCT 15 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Name and Title: _____ Name and Title: _____

15 OCT 15 PM 1:58

Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name:

Rose Leuenda

Address:

Contours Valley Farm

1500 N. UNIVERSITY BLVD. Coral Springs FL 33071

ARTICLE VII INCORPORATOR

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

Name:

Rose Leuenda

Address:

7560 NW 79th Ave #V1

TAMARAC, FL 33321

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

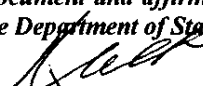


Required Signature/Registered Agent

7/14/15

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.



Required Signature/Incorporator

7/14/15

Date