

P15000089366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

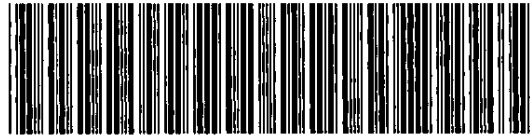
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

WIS-69584

Office Use Only



400277534054

10/12/15--01030--021 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 OCT 29 PM 3:17

APPROVED
AND
FILED

11/1

COVER LETTER

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

SUBJECT: DESIGN IMAGE SUITE, 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: JAMES COMER
Name (Printed or typed)

505 SE 19 ST
Address

FORT LAUDERDALE, FL 33316
City, State & Zip

954-298-1279
Daytime Telephone number

JACE.SFL@hotmail.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

October 20, 2015

JAMES COMER
505 SE 19 ST
FORT LAUDERDALE, FL 33316

SUBJECT: IMAGE SUITE, INC.
Ref. Number: W15000069584

We have received your document for IMAGE SUITE, INC. and your check(s) totaling \$87.50. 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.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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: 315A00022191

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: SUITE 115, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

505 SE 19 ST
FORT LAUDERDALE, FL.
33316

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: COSMETOLOGY SERVICES
INCLUDING HAIR, MAKEUP AND RETAIL SALES

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES COMER, PRESIDENT Name and Title: _____

Address: 505 SE 19 ST Address: _____

FORT LAUDERDALE, FL
33316

15 OCT 29 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

APPROVAL
AND
FILED

Name and Title: _____

Name and Title: _____

15 OCT 29 PM 3:17

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: _____

JAMES COMER

Address: _____

505 SE 19 ST

FORT LAUDERDALE, FL 33316

ARTICLE VII INCORPORATOR

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

Name: _____

WALTER FERENCIC

Address: _____

505 SE 19 ST

FORT LAUDERDALE, FL 33316

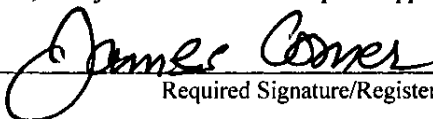
ARTICLE VIII EFFECTIVE DATE:

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

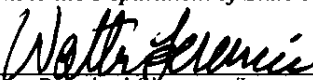


Required Signature/Registered Agent

10/17/15

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

10/17/15

Date