

PI6000025742

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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MAR 14 2016

S. PRATHER

## COVER LETTER

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

SUBJECT: The Leopard Lily Permanent Makeup Studio, 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: Cindy McDonald  
Name (Printed or typed)

2310 Circuit Way  
Address

Brooksville, FL 34604  
City, State & Zip

352-398-5490  
Daytime Telephone number

Cindy.leopard.lily@me.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: The Leopard Lily Permanent Makeup Studio, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2310 Circuit Way  
Brooksville, FL 34604

2310 Circuit Way  
Brooksville, FL 34604

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The Corporation Shall  
engage in any activity or business permitted  
under the laws of the United States and  
of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 500.00

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

Name and Title: Cindy McDonald Name and Title: President  
Address: 2310 Circuit Way Address: \_\_\_\_\_  
Brooksville, FL \_\_\_\_\_  
34604 \_\_\_\_\_

Name and Title: Cindy McDonald Name and Title: Secretary  
Address: 2310 Circuit Way Address: \_\_\_\_\_  
Brooksville, FL \_\_\_\_\_  
34604 \_\_\_\_\_

Name and Title: Cindy McDonald Name and Title: Treasurer  
Address: 2310 Circuit Way Address: \_\_\_\_\_  
Brooksville, FL \_\_\_\_\_  
34604 \_\_\_\_\_

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: Cindy McDonald  
Address: 2310 Circuit Way  
Brooksville, FL 34604

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Cindy McDonald  
Address: 2310 Circuit Way  
Brooksville, FL 34604

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TALLAHASSEE, FLORIDA

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**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*

Cindy McDonald  
Required Signature/Registered Agent

3/8/2016  
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.*

Cindy McDonald  
Required Signature/Incorporator

3/8/2016  
Date