P16000035024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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16 APR 15 PM 3:20

APR 20 2016

S. GILBERT

COVER LETTER

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

SUBJECT: Fab 24.7 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: Lisa Barreca
Name (Printed or typed)

3820 Aspen Leaf Dr.
Address

Boynton Beach, FL 33436
City, State & Zip

305-761-0126
Daytime Telephone number

LISABARRECA@gmail.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)

16 APR 15 PM 3:20

ARTICLE I NAME

The name of the corporation shall be: Fab 24.7 Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

Lisa Barreca
3820 Aspen Leaf Dr.
Boynton Bch. FL 33436

Mailing address, if different is:

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

permanent makeup, paramedical micropigmentation aesthetician services, fillers & botox, retail sale of related products

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa Barreca, President

Address: 3820 Aspen Leaf Dr. Boynton Bch. FL 33436

Name and Title: Eric Barreca, Vice President

Address: 3820 Aspen Leaf Dr. Boynton Bch FL 33436

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

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: Lisa Barreca

Address: 3820 Aspen Leaf Dr.
Boynton Bch. FL 33436

ARTICLE VII INCORPORATOR

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

Name: Lisa Barreca

Address: 3820 Aspen Leaf Dr.
Boynton Bch. FL 33436

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

_____ 4/11/16
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.

_____ 4/11/16
Required Signature/Incorporator Date