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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850) 385-6735
Fax Number : (954) 641-4192

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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16 APR 20 PM 1:10

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
Charisma 2016, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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April 20, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILINGS INC

SUBJECT: CHARISMA 2016, INC
REF: W16000029241

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list at least one incorporator with a complete business street address.

Please return 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.

Neyssa Culligan
Regulatory Specialist II

FAX Aud. #: H16000097124
Letter Number: 616A00008155

H16000097124

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Charisma 2016, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address3932 North Ocean BoulevardFort Lauderdale, FL 33308

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: beauty salon**ARTICLE IV SHARES**The number of shares of stock is: 10**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Denise Levesque, President & TreasurerAddress: 3932 North Ocean Blvd.
Fort Lauderdale, FL 33308Name and Title: Paul St. Jean, SecretaryAddress: 4100 Galt Ocean Drive
Fort Lauderdale, FL 33308

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY
ALL INFORMATION
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HEREON IS UNCLASSIFIED
DATE 04/20/2016 BY 60322

FILED

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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: Denise Levesque
Address: 3932 North Ocean Boulevard
Fort Lauderdale, FL 33308

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Denise Levesque
Address: 3932 North Ocean Boulevard
Fort Lauderdale, FL 33308

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: April 15, 2016 (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

Denise Levesque
Required Signature/Registered Agent

04/15/16
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.

Denise Levesque
Required Signature/Incorporator

04/15/16
Date

H16000097124

H16000097124

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Chaisma 2016, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

3932 North Ocean BoulevardFort Lauderdale, FL 33308**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: beauty salon**ARTICLE IV SHARES**The number of shares of stock is: 10**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Denise Levesque, President & TreasurerName and Title: Paul St. Jean, SecretaryAddress: 3932 North Ocean Blvd.Address: 4100 Galt Ocean DriveFort Lauderdale, FL 33308Fort Lauderdale, FL 33308

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

H16000097124

H16000097124

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Denise Levesque
Address: 3932 North Ocean Boulevard
Fort Lauderdale, FL 33308

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: _____
Address: _____

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: April 15, 2016 (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.)

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Denise Levesque
Required Signature/Registered Agent

04/15/16
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

Date

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