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P16000041403

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
OLIVIA SMALLEY, PA

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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16 MAY 11 PM 3:12

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

16 MAY 11 AM 9:59

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Electronic Filing Menu

Corporate Filing Menu

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FAX No.

P. 002

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

FILED
16 MAY 11 AM 9:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Olivia Smalley, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8992 SW 59th Ave

Cooper City, FL 33328

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Licensed Cosmetology Services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Olivia Smalley, President

Name and Title: _____

Address 8992 SW 59th Ave

Address: _____

Cooper City, FL 33328

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

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TALLAHASSEE FLORIDA

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:	Olivia Smalley
Address:	8992 SW 59th Ave
	Cooper City, FL 33328

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name:	Olivia Smalley
Address:	8992 SW 59th Ave
	Cooper City, FL 33328

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

Olivia Smalley

Required Signature/Registered Agent

05/11/2016

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.

Olivia Smalley

Required Signature/Incorporator

05/11/2016

Date