

P16000059016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

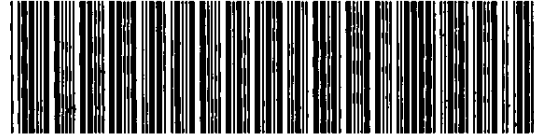
(Document Number)

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Special Instructions to Filing Officer:

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FLORIDA

111



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2016

EMMANUELA ALEXIS
PO BOX 614533
MIAMI, FL 33161

SUBJECT: BELLA BEAUTY LOUNGE
Ref. Number: W16000042390

We have received your document for BELLA BEAUTY LOUNGE 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 must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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: 216A00012224

COVER LETTER

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

SUBJECT: BELLA BEAUTY LOUNGE 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: EMMANUELA ALEXIS
Name (Printed or typed)

1270 N.E. 135TH STREET
Address

MIAMI, FL 33161
City, State & Zip

(305)970-9219
Daytime Telephone number

www.thebellabeautyounge@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)

ARTICLE I NAME

The name of the corporation shall be: BELLA BEAUTY LOUNGE INC.

FILED

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address if different is:

16 JUL 14 AM 9:08

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

14311 BISCAYNE BLVD #4533

PO BOX 614533

MIAMI, FL 33161

MIAMI, FL 33261

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: BELLA BEAUTY LOUNGE IS DESIGNED TO MAKE EACH AND EVERY INDIVIDUAL FEEL GOOD ABOUT THEMSELVES: WHILE GIVING THEM A GREAT EXPERIENCE.

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EMMANUELA ALEXIS

Name and Title: _____

Address 1270 NE 135TH STREET

Address: _____

MIAMI, FL 33161

Name and Title: SANDY SAINT-JEAN

Name and Title: _____

Address 2131 ARCADIA DRIVE

Address: _____

MIRAMAR, FL 33023

Name and Title: SANDRA MOMPLAISIR

Name and Title: _____

Address 2131 ARCADIA DRIVE

Address: _____

MIRAMAR, FL 33023

Name and Title: _____
Address _____

Name and Title: _____
Address: _____

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TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: EMMANUELA ALEXIS
Address: 1270 NE 135TH STREET
MIAMI, FL. 33161

ARTICLE VII INCORPORATOR

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

Name: EMMANUELA ALEXIS
Address: PO BOX 614533
MIAMI, FL. 33261

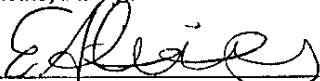
ARTICLE VIII EFFECTIVE DATE:

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

5/26/2016

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.



Required Signature/Incorporator

5/26/2016

Date