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FILERS

July 26, 2016

Department of State
Division of Corporations
Corporate Filings
PO Box 6327
Tallahassee, FL 32314

To Whom it May Concern,

Please be advised that I have no intention of reinstating the old corporation of Reflections Hair & Nails, document number P04000133461. Enclosed please find new articles and my payment for a new corporation. Please refer to the existing Federal ID number for use. IF there are any questions please feel free to contact me at 352-427-3369.

Thank You,

A handwritten signature in black ink, appearing to read 'S. Souza', is written over the printed name.

Stephanie Souza
Owner
Reflections Hair & Nails, Inc.

COVER LETTER

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

SUBJECT: Reflections Hair & Nails, 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: Stephanie Souza
Name (Printed or typed)

5901 SE 140th ST.
Address

Summerfield, FL 34491
City, State & Zip

352-427-3369
Daytime Telephone number

SSOUZA0818@yahoo.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: Reflections Hair & Nails, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5901 SE 140th ST.
Summerfield, FL 34491

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO engage in any activity or
business authorized under Florida Statutes.

ARTICLE IV SHARES

The number of shares of stock is: 7,500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stephanie Saura Director Name and Title: _____

Address: 5901 SE 140th ST. Address: _____

Summerfield, FL
34491

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

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: Stephanie Souza

Address: 5901 SE 140th St.
Summerville, FL 34491

ARTICLE VII INCORPORATOR

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

Name: Stephanie Souza

Address: 5901 SE 140th St.
Summerville, FL 34491

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

Stephanie Souza
Required Signature Registered Agent

8/5/2016
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.

Stephanie Souza
Required Signature/Incorporator

8/5/2016
Date