

AUG/29/2016/MON 12:14 PM

8/29/2016

FAX No.

Division of Corporations

P. 001/003

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
GLOWING GOLD TANNING SPA INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

P. 002/003

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

ARTICLE I NAME GLOWING GOLD TANNING SPA INC
The name of the corporation shall be: _____

Mailing address, if different is:

SAME

HIALEAH, FL 33012

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES SHARES: 100
The number of shares of stock is: _____

Name and Title: ANGELA MICHELLE ABARCA (P/D)

Address 734 W 49 STREET

HALEAH, FL 33012

Name and Title:

Address

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

Name: ANGELA MICHELLE ABARCA
Address: 734 W 49 STREET
HIALEAH, FL 33012

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ANGELA MICHELLE ABARCA
Address: 734 W 49 STREET
HIALEAH, FL 33012

16 AUG 29 PM 4:49
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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

Angela Michelle Abarca
Required Signature/Registered Agent

AUGUST 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.

Angela Michelle Abarca
Required Signature/Incorporator

AUGUST 26, 2016

Date