

PL6990075872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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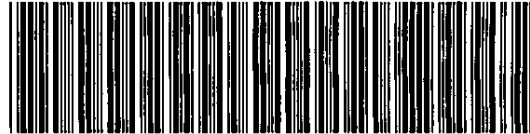
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/15/16--01033--021 \*\*87.50

PL6990075872  
16 SEP - 7 AM 7:17  
RECEIVED

## COVER LETTER

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

**SUBJECT:** MODA SALON  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** ANNA VOULGARIS  
Name (Printed or typed)

5544 PAMPLONA WAY  
Address

SARASOTA, FL 34233  
City, State & Zip

941 321 3457  
Daytime Telephone number

a.delgramm@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 23, 2016

ANNA VOULGARIS  
5544 PAMPLONA WAY  
SARASOTA, FL 34233

SUBJECT: MODA SALON  
Ref. Number: W16000058190

16 SEP 12 09:40:05

We have received your document for MODA SALON 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 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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 316A00017784

*app update per conversation  
w/ your office 9/6/2016*

**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: New Moda Salon Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4028 Cattleman Rd

Sarasota, FL 34233

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: This Corporation is a full service hair salon.

**ARTICLE IV SHARES**

The number of shares of stock is: 200

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Anna Voulgaris, President

Name and Title: \_\_\_\_\_

Address 5544 Pamplona Way

Address: \_\_\_\_\_

Sarasota, FL 34233

Name and Title: Petros Delagrammatikas, Administrator

Name and Title: \_\_\_\_\_

Address 5544 Pamplona Way

Address: \_\_\_\_\_

Sarasota, FL 34233

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
16 SEP -7 AM 7:17  
CLERK OF DISTRICT COURT  
SARASOTA, FL

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: ANNA VOULGARIS

Address: 5544 PAMPLONA WAY

SARASOTA, FL 34233

**ARTICLE VII INCORPORATOR**

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

Name: ANNA VOULGARIS

Address: 5544 PAMPLONA WAY

SARASOTA, FL 34233

**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*

Anna Voulgaris  
Required Signature/Registered Agent

8/12/14  
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.*

Anna Voulgaris  
Required Signature/Incorporator

8/12/16  
Date