

P16000079616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

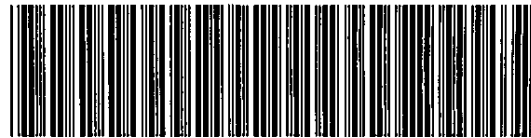
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/29/16--01011--003 **78.75

16 SEP 29 AM 10:41
STATE OF FLORIDA
TALLAHASSEE

9/30/16

COVER LETTER

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

SUBJECT: WOC MAKEUP 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: HARRYNARINE MAHARAJ
Name (Printed or typed)

3602 NW 82nd AVE.
Address

CORAL SPRINGS FLA 33065
City, State & Zip

954-520-8853
Daytime Telephone number

acrylicconcepts1@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: W.O.C MAKEUP INC 16 SEP 29 AM 10:41

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is:

3602 NW 82nd AVE.
CORAL SPRINGS FLA 33065

SAME.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO SELL PRODUCTS ON
LINE IN UK + FOREIGN MARKETS. COSMETICS.

ARTICLE IV SHARES

The number of shares of stock is: 100.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>HARRYNARING MAHARAS</u>	<u>PRESIDENT</u>	Name and Title:	<u>V. P. RAAGEL MAHARAS</u>
Address	<u>3602 NW 82nd AVE.</u>	Address:	<u>3602 NW 82nd AVE.</u>	
	<u>CORAL SPRING FLA 33065</u>		<u>CORAL SPRING FLA 33065.</u>	
	<u>(PRESIDENT.)</u>			

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

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: HARRYNARINE MAHARAJ
Address: 3602 NW 82nd AVE.
CORAL SPRINGS FL 33065

16 SEP 29 AM 10:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: HARRYNARINE MAHARAJ
Address: 3602 NW 82nd AVE.
CORAL SPRINGS FL 33065

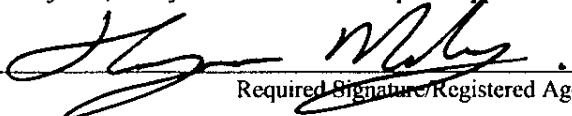
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/26/2016. (OPTIONAL)

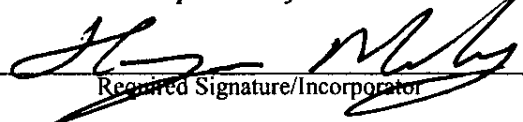
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 09/23/16.
Required Signature/Registered Agent 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.

 09/23/16.
Required Signature/Incorporator Date