

P/6000089274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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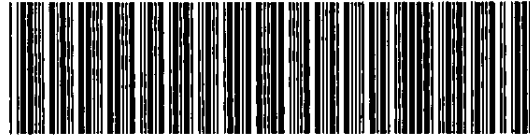
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATE FILLS
2016 NOV -3 PM 2:15

11/08/16

COVER LETTER

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

SUBJECT: Cara Bella Brows 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Tito Velez
Name (Printed or typed)
905 Lotus Vista Drive Ste 101
Address
Altamonte Springs, FL 32714
City, State & Zip
407-590-9529
Daytime Telephone number
tvelez@carabellabrows
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: Cara Bella Brows Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

937 W State Road 436

Altamonte Springs, FL 32714

Mailing address, if different is:

905 Lotus Vista Drive Ste 101

Altamonte Springs, FL 32714

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Microblading, esthetician services

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Darlene A. Velez

Name and Title: _____

Address

President

Address: _____

905 Lotus Vista Drive Ste 101

Altamonte Springs, FL 32714

Name and Title: Tito Velez

Name and Title: _____

Address

Vice President

Address: _____

905 Lotus Vista Drive Ste 101

Altamonte Springs, FL 32714

Name and Title: _____

Name and Title: _____

Address

Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATE REGISTRATION
2018 NOV -2 PM 2:15

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: Tito Velez
Address: 905 Lotus Vista Drive Ste 101
Altamonte Springs, FL 32714

ARTICLE VII INCORPORATOR

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

Name: Tito Velez
Address: 905 Lotus Vista Drive Ste 101
Altamonte Springs, FL 32714

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2016 NOV -3 PM 2:15

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
10/31/2016
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
10/31/2016
Date