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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

V HERRING
DEC -7 2016

COVER LETTER

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

SUBJECT: T and T Nail Boutique 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: Patricia Robinson
Name (Printed or typed)

5951 N.W. 16th Street
Address

Sunrise, Florida 33313
City, State & Zip

754-234-6140
Daytime Telephone number

ncwbiz2525@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: T and T Nail Boutique Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4950 N. University Drive
Lauderhill, FL 33331

5901 NW. 17th Place apt. 102
Sunrise, FL 33313

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide manicures,
pedicures, and nail extensions.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patricia Robinson

Name and Title: Tyrik Richardson

Address President

Address: Vice-President

5901 N.W. 17th Place
Sunrise, FL 33313
apt. 102

5901 N.W. 17th Place
Sunrise, FL 33313
apt. 102

Name and Title: Patricia Blake

Name and Title: _____

Address Director

Address: _____

5951 N.W. 16th Street
Sunrise, FL 33313

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

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Name and Title: _____

Name and Title: _____

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Address _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: _____

Patricia Robinson

Address: _____

5901 N.W. 17th Place apt. 102
Sunrise, FL 33313

ARTICLE VII INCORPORATOR

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

Name: _____

Patricia Robinson

Address: _____

5901 N.W. 17th Place apt. 102
Sunrise, FL 33313

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 days prior or 90 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

Patricia Robinson

Required Signature/Registered Agent

12-1-2016

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.

Patricia Robinson

Required Signature/Incorporator

12-1-2016

Date