

P/6000098039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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To Whom it May Concern:

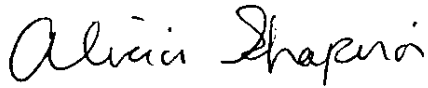
December 1, 2016

I have no Intention to reinstate my Corporation at this time. Enclosed is a check for \$70.00 and paperwork filled out as requested.

Thank you,

Sincerely,

Alicia Shapira



New Image Beauty Bar

954-774-5087

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COVER LETTER

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

SUBJECT: New Image Beauty Bar Corp.
(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: Alicia Beth Shapiro / New Image Beauty Bar Corp.
Name (Printed or typed)

5730 NW 62nd Manor
Address

Parkland, Florida 33067
City, State & Zip

954-774-5087
Daytime Telephone number

alicia.newimagebeautybar@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: New Image Beauty Bar Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4376 N State Road 7 Suite #127
Coral Springs, Florida 33073

5730 NW 62nd Manor
Parkland Florida 33067

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alicia Shapira / president Name and Title: _____

Address: 5730 NW 62nd Manor Address: _____
Parkland Florida 33067

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRET
NO
DEC 12 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: Alicia Beth Shapiro
Address: 5730 NW 62nd Avenue
Parkland, FL 33067

ARTICLE VII INCORPORATOR

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

Name: Alicia Beth Shapiro
Address: 5730 NW 62nd Avenue
Parkland, FL 33067

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

Alicia Shapiro 12-5-16
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.

Alicia Shapiro 12-5-16
Required Signature/Incorporator Date

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DIVISION OF CORPORATIONS
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