

PI 7000000067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

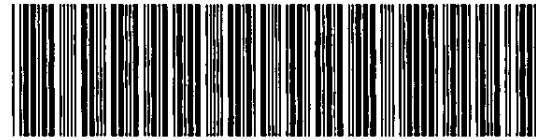
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300293057423

12/12/16--01015--003 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2016 DEC 30 PM 2:15

EFFECTIVE DATE 12/28/16

W16 - 083/66

01/03/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 13, 2016

WILLIAM HARRELL
939 N.W. 85TH
MIAMI, FL 33150

SUBJECT: BRICKELL FASHION FAIR COSMEDICS INC.
Ref. Number: W16000083166

We have received your document for BRICKELL FASHION FAIR COSMEDICS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of 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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 616A00026406

COVER LETTER

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

SUBJECT: Brickell Fashion Fair Cosmedics 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: William Harrell
Name (Printed or typed)
939 NW 85th
Address
Miami, FL 33150
City, State & Zip
786-657-6062
Daytime Telephone number
(305) 922-3749
harrell.william6@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: Brickell Fashion Fair Cosmedics Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

939 NW 85th

Miami, FL 33150

Not yet

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Retail

FILED
DIVISION
2010 DEC 30 PM 2:15

ARTICLE IV SHARES

The number of shares of stock is: 90

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William Harrell - Director

Address 939 NW 85th

Miami, FL 33150

Name and Title: William A Harrell

Address: 939 NW 85th

Miami, Fla 33150

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: William Harrell
Address: 939 NW 85th
Miami, FL 33150

ARTICLE VII INCORPORATOR

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

Name: William Harrell
Address: 939 NW 85th
Miami, FL 33150

FILED
SECRETARY OF STATE
DIVISION OF REVENUE
2018 DEC 30 PM 2:15

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: Dec 25, 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

William Harrell
Required Signature/Registered Agent

12/25/16
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.

William Harrell
Required Signature/Incorporator

12/25/16
Date