

P/7000025/92

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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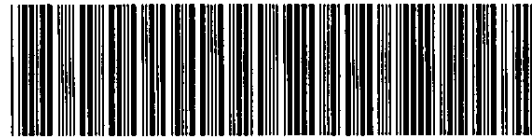
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03/20/17

## COVER LETTER

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

**SUBJECT:** BEACH BEAUTY SALON, 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:** GLENN R. LUISI ACCOUNTANT, P.A.

Name (Printed or typed)

14980 US HIGHWAY 17 N, SUITE 205

Address

HAMPSTEAD, NC 28443

City, State & Zip

704-807-8941

Daytime Telephone number

GRLUISI.ACCT@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: BEACH BEAUTY SALON, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3167 E. ATLANTIC BLVD  
POMPANO BEACH, FL 33062

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The corporation may transact any and all lawful business for which  
corporations may be incorporated under the Laws of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 Shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: NADA T. MASRI - PRESIDENT

Name and Title: \_\_\_\_\_

Address: 240 SW 6TH COURT

Address: \_\_\_\_\_

POMPANO BEACH, FL 33060

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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17 MAR 17 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: NADA T. MASRI  
Address: 240 SW 6TH COURT  
POMPANO BEACH, FL 33060

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**ARTICLE VII INCORPORATOR**

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

Name: NADA T. MASRI  
Address: 240 SW 6TH COURT  
POMPANO BEACH, FL 33060

**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*

Nada Masri  
Required Signature/Registered Agent

3/9/17  
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.*

Nada Masri  
Required Signature/Incorporator

3/9/17  
Date