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(Business Entity Name)

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09/07/17

COVER LETTER

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

SUBJECT: Melanated Glow, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Tina Miller
Name (Printed or typed)

3020 NW 171 Terrace
Address

Miami Gardens, FL 33056
City, State & Zip

(305) 414-3208
Daytime Telephone number

melanatedglow@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: Melanated Glow, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
3020 NW 171 Terrace
Miami Gardens, FL 33056

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 6666

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tina Miller, President ^{Treasurer}

Address: 3020 NW 171 Terrace
Miami Gardens, FL
33056

Name and Title: Dominique Kitchen, Vice President
^{Secretary}

Address: 670 W. 24th Terrace
Hialeah, FL 33010

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: Tina Miller

Address: 3020 NW 171 Terrace
Miami Gardens, FL 33056

ARTICLE VII INCORPORATOR

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

Name: Tina Miller

Address: 3020 NW 171 Terrace
Miami Gardens, FL 33056

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

Tina Miller

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.

Tina Miller

Required Signature/Incorporator

_____ Date

17 SEP -5 AM 11:13
TALLAHASSEE, FLORIDA