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(Requestor's Name) (Address) (Address)	900304770709
(City/State/Zip/Phone #)	10/24/1701009010 **70.00
(Business Entity Name) (Document Number) entified Copies Certificates of Status	17 DET 24: PN 3: 05
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COVER LETTER

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

PROPOSED CORPORA SUBJECT: <u>Cansformations</u> RATE NAME - MUST INCLUDE SU nc.

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

1 \$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

Khoda FROM: _ Name (Printed or typed) Beville RD Address a ytona FL City, State & Zip 32119 <u>386. 453-4909</u> Daytime Telephone number ASFORMATIONS MOVICE 9 0 GM 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 For Alluring Transformations, Inc.

Pursuant to Florida Statutes Chapter 607 and/or Chapter 621, F.S. (Profit), the undersigned subscriber to these Articles of incorporation, a natural person over the age of 18, competent to contract, hereby forms a Florida for-profit corporation.

Article I Name

The name of the corporation is Alluring Transformations, Inc.

Article II Principle Office

The principle place of business and the mailing address of this corporation shall be: 17 Postman Lane Palm Coast, FL 32164

Article III Purpose

The purpose for which this business is organized is to provide salon and other cosmetology services as well as any and all lawful business.

Article IV Stock

The initial shares of stock authorized by this organization is 1,000.

Article V Officers

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The initial officers and titles for this agency are as listed below:

Rhoda Moten, President 17 Postman Lane Palm Coast, FL 32164

Article VI Registered Agent

The name and address of the Registered Agent is:

Rhoda Moten 17 Postman Lane Palm Coast, FL 32164 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

Registered Agent

Article VII Incorporator

The name and address of the Incorporator is:

Rhoda Moten 17 Postman Lane Palm Coast, FL 32164

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.

Date

()-CI

Date

7 OCT 24

PN 3:05

FLORE

Incorporator