PN000093967

(Re	equestor's Name)			
(Address)				
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nan	ne)		
(Dc	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
		}		

W17 WW 89166

NOV 2 7 2017



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7 NOV 27 JAM 9: 16

COVER LETTER

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

SUBJECT:	a bellas a h	lain ÉNAILS S	Afor
	(PROPOSEĎ CORPORA	ATE NAMÉ – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation an	d a check for:
S70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	DPY REQUIRED
FROM:	ETZOL V	ones e (Printed or typed)	
	5124 N.E 3.	<u>ra</u> AVE Address	
	FT, LANDER	State & Zip	33334
	(954) 621 Daytime 1	- 8414 Telephone number	
	Erroll June 5 11 E-mail address: (to be use		oM notification)

NOTE: Please provide the original and one copy of the articles.



November 15, 2017

EZZOL JONES 5124 NE 3RD AVE FT LAUDERDALE, FL 33334

SUBJECT: LA'BELLAS 2 HAIR & NAILS SALON INC.

Ref. Number: W17000089166

We have received your document for LA'BELLAS 2 HAIR & NAILS SALON 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):

List principal place of business and mailing address. Incorporator name and address needs to be listed.

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.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information. http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 017A00022524

www.sunbiz.org

Division of Compositions D.O. POV 6297 Tellubrance Florida 20214

ARTICLES OF ESCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

37	UNCIPAL OFFICE Principal <u>street</u> address		Mailing address, if different is:
N. WEK	STATE RS. 7 CALE LAKES 333	5AM/	E PRINCIPAL
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er of shares V INT Name and Ti Address	TALOFFICERS AND NOR DIRECTORS THE ENOL JONES SR 5/24 N.F.354 ME 17. LAUDADAJE FL 33334	Address:	E WECIA LONES 4137 N. STATE 76
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Name and Title: Address Address: Address: Address: Address: Name: Address: Add				
ARTICLE VI REGISTERED AGENT The name and Florida spreet address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Address: Address: Address: Address: Address: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: A	Name and Title:	· ·	Name and Tislor	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: LIBI	Address			
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Address: Address: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Address: Address: Address: Address: Address: Address: ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (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 the document's effective date on the Department of State's records. Having been stand as registered agent to accept service of process for the above stated corporation at the place designation this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signatury Registered Agent I submit this appointment and affirm that the facts stated herein are true. I am aware that the false information submitted document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.	ARTICLE VI REGISTERED AGE	<u>VT</u>		
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