

PH000093967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

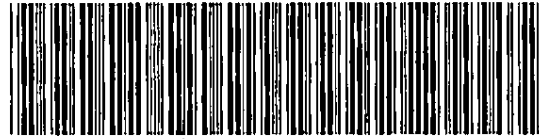
Certified Copies _____ Certificates of Status _____

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AND
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COVER LETTER

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

SUBJECT: La Bellas & Hair & Nails Salon
(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: ERROL JONES
Name (Printed or typed)

5124 N.E 3RD AVE
Address

FT. LAUDERDALE FL. 33334
City, State & Zip

(954) 621-8414
Daytime Telephone number

ERROLLJONES10@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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

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: LA'BELLAS HAIR & NAILS SALON INC.

ARTICLE II PRINCIPAL OFFICE

4137 Principal street address

Mailing address, if different is:

N. STATE RD. 7
LAUDERDALE LAKES 33319

SAME PRINCIPAL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Styling & BRAIDING HAIR
Cutting and styling hair, preparing hair.

ARTICLE IV SHARES

The number of shares of stock is: 2

17 NOV 27 AM 9:16
STATE
FLORIDA

APPROVED
AND
FILED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ERROL JONES SR ^{PRESIDENT}

Name and Title: EUNECIA JONES ^{PRESIDENT}

Address: 5124 N.E. 35th AVE
LAUDERDALE FL.
33334

Address: 4137 N. STATE RD. 7
LAUDERDALE LAKES
33319

Name and Title: ERROL JONES DR. ^{TREASURE}

Name and Title: _____

Address: 4137 N. STATE 7
LAUDERDALE LAKES
33319

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: ERROLL JONES
 Address: 4137 N. STATE RD. 7
LAUDERDALE LAKES 33319

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ERROLL JONES
 Address: 4137 N. STATE RD. 7
LAUDERDALE LAKES 33319

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

Erroll Jones
 Required Signature/Registered Agent

8/27/17
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.

Erroll Jones
 Required Signature/Incorporator

8/27/17
Date