

P18000013272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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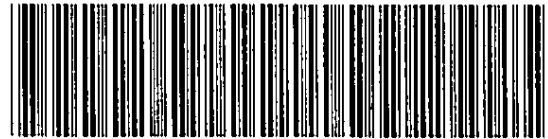
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 05 2018
C Kinsey

COVER LETTER

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

SUBJECT: Styling It Chic Incorporated
(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: Deborah Prince
Name (Printed or typed)
9999 NE 2nd Avenue Suite 313
Address
Miami Shores, Florida 33138
City, State & Zip
786 250-9925
Daytime Telephone number
ms.deborahjean@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please include 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: Styling It Chic Incorporated

ARTICLE II PRINCIPAL OFFICE

9999 NE 2nd Ave Ste 3B
Miami Shore, FL 33138

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Deborah Prince</u>	Name and Title:	<u>(President)</u>
Address:	<u>2066 NE 17th</u> <u>North Miami Beach, FL 33162</u>	Address:	

Name and Title:	<u>Lincy Fie Fie Vice President</u>	Name and Title:	
Address:	<u>20641 NW 7th Ct</u> <u>Miami, FL 33169</u>	Address:	

Name and Title:	<u>Erta Dumond Chief Financial Officer</u>	Name and Title:	
Address:	<u>2508 Raleigh St</u> <u>Hollywood FL 33028</u>	Address:	

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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: Deborah Prince
Address: 2066 NE 171st
North Miami beach, FL 33162

ARTICLE VII INCORPORATOR

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

Name: Deborah Prince
Address: 2066 NE 171st
North Miami beach, FL 33162

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing January 29, 2018. (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

Deborah Prince 1/23/2018
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 s817.155, F.S.

Deborah Prince 1/23/2018
Required Signature/Incorporator Date