P18000039794

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/F	Phone #)			
PICK-UP WAI	T MAIL			
(Business Entity	y Name)			
(Document Number)				
Certified Copies Certifi	cates of Status			
Special Instructions to Filing Officer:				

Office Use Only



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500312857085 05/04/18--01002--001 **140.00

18 MAY -3 PH 3: 26

FILED FOR HAY -3 PH 3:32

COVER LETTER

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

SUBJECT: PRINCE	ESS HAIR AND BEAUTY II INC		
Jobole I.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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 CO	PY REQUIRED
FROM: FR.	ANK RONG Nam	e (Printed or typed)	
311	6 CAPITAL CIRCLE NE STE 3		
		Address	
TAI	LLAHASSEE, FL 32308		
	City	, State & Zip	
850	6684925		
	Daytime 7	elephone number	
FRA	NK@VERYGOODCPA.COM		
	E-mail address: (to be use	d for future annual report i	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)

The series of the series	PRINCESS HAIR AND BEAU	TY II INC		
The name of the corpora	non shall be:			
4013 WOODVILLE HI	TPAL OFFICE Principal street address GHWAY UNIT AB&C	Mailing ad	Mailing address, if different is:	
TALLAHASSEE, FL 3	2305			
				
TRTICLE III PURPO The purpose for which t	OSE he corporation is organized is: ALL LEGAL	PURPOSE		
			E . 28	
IRTICLE IV SHARE The number of shares of	ES 100 stock is: L OFFICERS AND/OR DIRECTORS		THAY -3 PH	
	ABDULGHANI LASWAD - PRESIDEN	Name and Title:	0.7 \odot	
Address	3839 N MONROE ST UNIT 4	Address:		
	TALLAHASSEE FL 32308			
Name and Title:		Name and Title:		
Address		Address:		
Name and Title:		Name and Title:		
Address		Address:		
			 	

Name :	and Title:	Name and Title:	
Addre	ess	Address:	
	REGISTERED AGENT		
Name:	Florida street address (P.O. Box NOT acceptable FRANK RONG CPA) of the registered agent is:	
Address:	3116 CAPITAL CIRCLE NE STE 3	_	
	TALLAHASSEE, FL 32308		
<u>ARTICLE VII</u>	INCORPORATOR		
The name and	address of the Incorporator is:		
Name:	ABDULGHANI LASWAD		
Address:	3939 N MONROE ST UNIT 4		
	TALLAHASSEE FL 32303		
Effective date, (If an effective filing.) Note: If the da	if other than the date of filing: date is listed, the date must be specific and can the inserted in this block does not meet the applicate effective date on the Department of State's record	ole statutory filing requirements, this d	·
Having been no this certificate,	amed as registered agent to accept service of proc I am familiar with and accept the appointment as	ess for the above stated corporation a registered agent and agree to act in th	t the place designated in is capacity
	Required Signature/Registered Agent	5/3/	2018
			Date
I submit this de document to the	ocument and affirm that the facts stated herein t e Department of State constitutes a third degree fe	re true. I am aware that the false inflony as provided for in s.817.155, F.S.	ormation submitted in a
Ab	DI/ G HAN LASWAd	5/3	/2018
req	uned Signature/Incorporator		Date

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