

7/24/2018

Tel: 1-800-762-6868 Fax: 1-894-451-465 Date: 07/24/2018 Time: 11:44 AM Page: 01/03

**P18000063864**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H18000213314 3)))



H180002133143ABCX

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I20180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
ISAAC HAIR, NAILS & SPA, CORP**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

2018 JUL 24 PM 2:49  
DIVISION OF CORPORATIONS  
COMMERCIAL  
INFORMATION SERVICES

2018 JUL 24 PM 3:31  
DIVISION OF CORPORATIONS  
COMMERCIAL  
INFORMATION SERVICES  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

((H18000213314 3)))

**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: ISAAK HAIR, NAILS & SPA, CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

15311 SW 23RD LANE

SAME

MIAMI, FL 33185

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Hair, Nails & Spa

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jesika Polack - PRESIDENT

Name and Title: \_\_\_\_\_

Address: 15311 SW 23rd Lane

Address: \_\_\_\_\_

Miami, FL 33185

Name and Title: Jesika Polack - SECRETARY

Name and Title: \_\_\_\_\_

Address: 15311 SW 23rd Lane

Address: \_\_\_\_\_

Miami, FL 33185

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
DIVISION OF CORPORATION  
18 JUL 24 PM 3:31  
TALLAHASSEE, FLORIDA

((H18000213314 3)))

((H18000213314 3))

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: Frank Carrillo  
Address: 5775 Blue Lagoon Drive, Ste 300  
Miami, FL 33126

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jesika Polack  
Address: 15311 SW 23rd Lane  
Miami, FL 33185

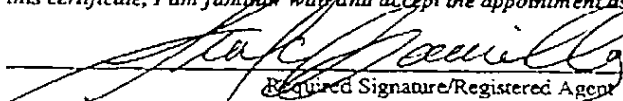
**ARTICLE VIII EFFECTIVE DATE:**

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.)

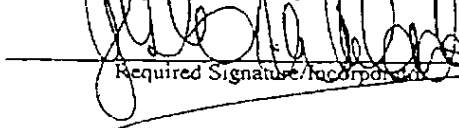
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

  
Required Signature/Registered Agent

7/18/18  
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.

  
Required Signature/Incorporator

7/18/18  
Date

((H18000213314 3))

FILED  
DEPT. OF STATE  
DIVISION OF CORPORATION  
JUL 24 PM 3:31  
TALLAHASSEE, FLORIDA