

P19000019954 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

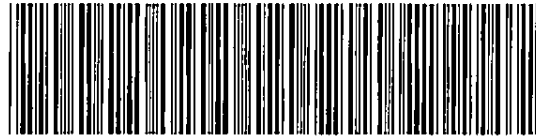
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2019 MAR 11 AM 10:18
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COVER LETTER

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

SUBJECT: CARTEL DOLLZ, INC.

(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: SHANNON ROSIER

Name (Printed or typed)

PO BOX 16375

Address

TALLAHASSEE, FL 32317

City, State & Zip

850-877-6362

Daytime Telephone number

shannon@rosierco.com

E-mail address: (to be used for future annual report 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)

ARTICLE I NAME

The name of the corporation shall be: CARTEL DOLLZ, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2901 EAST PARK AVE

TALLAHASSEE, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS ALLOWED UNDER
FLORIDA STATE LAWS. PRIMARILY FOR BEAUTY CONSULTING, PRODUCT APPLICATION AND RETAIL.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARA BOWDEN, PRESIDENT

Name and Title: JAMES MARLON BOWDEN, VP

Address: 2901 EAST PARK AVE

Address: 2901 EAST PARK AVE

TALLAHASSEE, FL 32301

TALLAHASSEE, FL 32301

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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2019 MAR 11 AM 10:19
CLERK OF STATE
TALLAHASSEE, FL 32301

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: SHANNON ROSIER

Address: 1882 CAPITAL CIRCLE NE STE 102

TALLAHASSEE, FL 32301

ARTICLE VII INCORPORATOR

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

Name: SHANNON ROSIER

Address: PO BOX 16375

TALLAHASSEE, FL 32317

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

3/11/2019
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

3/11/2019
Date