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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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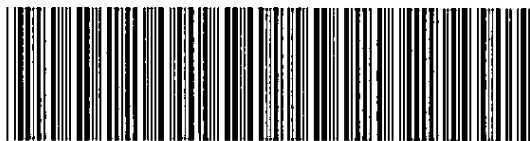
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/08/19--01012--004 **78.75

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19 MAY -8 PM 6:02
FALLAS COUNTY CLERK

D. O'KEEFE

MAY 17 2019

COVER LETTER

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

SUBJECT: SALTY BEACH LASH CO.
(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Kristen Kruse
Name (Printed or typed)

5 Juniper Drive
Address

Ormond Beach, FL 32176
City, State & Zip

386-882-7708
Daytime Telephone number

saltybeachlashco@gmail.com
E-mail address: (to be used for future annual report notification)

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: SALTY BEACH LASH CO.

ARTICLE II PRINCIPAL OFFICE

Principal street address

c/o La Bella Day Spa

54 Vining Court

Ormond Beach, FL 32176

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to sell quality products and educate customers on the same.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kristen Kruse, President

Address

5 Juniper Drive

Ormond Beach, FL 32176

Name and Title: Tatiana Caso, Vice President

Address:

1000 Saint Georges Road

Apt. 305B

Ormond Beach, FL 32176

Name and Title: _____

Address

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

19 MAY - 8 PM 6:02
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: Kristen Kruse
Address: 5 Juniper Drive
Ormond Beach, FL 32176

ARTICLE VII INCORPORATOR

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

Name: Kristen Kruse
Address: 5 Juniper Drive
Ormond Beach, FL 32176

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TALLAHASSEE, FLORIDA

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

Kruse
Required Signature/Registered Agent

5/4/19
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.