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

From: Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : 120170000056
Phone : (954)842-2931
Fax Number : (954)842-2936

****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
VOLHA BEAUTY LOUNGE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

19 NOV 14 PM 4:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

COVER LETTER

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

SUBJECT: VOLHA BEAUTY LOUNGE, 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 ☐ \$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: VOLHA PAULIUCHENKA

Name (Printed or typed)

11900 BISCAYNE BLVD

Address

NORTH MIAMI, FL 33181

City, State & Zip

Daytime Telephone number

VOLHA.PAULIUCHENKA@GMAIL.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: VOLHA BEAUTY LOUNGE, INC.

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

11900 BISCAYNE BLVD

11900 BISCAYNE BLVD

NORTH MIAMI, FL 33181

NORTH MIAMI, FL 33181

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LEGAL BUSINESS AND SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VOLHA PAULIUCHENKA - P

Name and Title:

Address 11900 BISCAYNE BLVD

Address:

NORTH MIAMI, FL 33181

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: VOLHA PAULIUCHENKA

Address: 11900 BISCAYNE BLVD

NORTH MIAMI, FL 33181

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: VOLHA PAULIUCHENKA

Address: 11900 BISCAYNE BLVD

NORTH MIAMI, FL 33181

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

Volha Pauliuchenka

Required Signature/Registered Agent

11/14/2019

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.

Volha Pauliuchenka

Required Signature/Incorporator

11/14/2019

Date