

Division of Corporations

Florida Department of State
Division of Corporations
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PA0000075828

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**FLORIDA PROFIT/NON PROFIT CORPORATION
MARTINS BEAUTY INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ELECTRONIC FILING

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Corporate Filing Menu

Help

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: MARTINS BEAUTY INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

97 DEER CREEK RD L108

DEERFIELD BEACH, FL 33442

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHELE MARTINS (P)

Name and Title: _____

Address 97 DEER CREEK RD L108

Address: _____

DEERFIELD BEACH, FL 33442

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: MICHELE MARTINS

Address: 97 DEER CREEK RD L105

DEERFIELD BEACH, FL 33442

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MICHELE MARTINS

Address: 97 DEER CREEK RD L108

DEERFIELD BEACH, FL 33442

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*

/s/ Michele Martins 09/28/2020

Required Signature/Registered Agent 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.

/s/ Michele Martins 09/28/2020

Required Signature/Incorporator Date

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FLORIDA STATE

DEPT. OF STATE

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