

P210000014535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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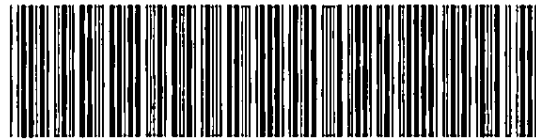
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/20/21--01013--002 **70.00

2021 JAN 20 PM 6:42

COVER LETTER

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

SUBJECT: Linoue Beauty & Shop *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: Guerline Joseph
Name (Printed or typed)
7320 NW 85th Ct Apt 201
Address
Tamarac, FL 33321
City, State & Zip
954-696-8123
Daytime Telephone number
jguerline73@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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: Linoue Beauty & Shop *INC*

ARTICLE II PRINCIPAL OFFICE

Principal street address
7320 NW 85th Ct Apt 201
Tamarac, Fl 33321

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to sell beauty products for skin care, perfume, and other things

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: *Guerline Joseph* *President*

Address: *Apt 201*
7320 N.W. 85 Ct
TAMARAC Florida
33321

Name and Title: _____

Address: _____

Name and Title: *WHITNEY Joseph*
& Vice President

Address: *Apt 201 7320 NW 85 Ct*
TAMARAC Fl. 33321

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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PM 6:42

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: Guerline Joseph

Address: 7320 N.W. 85th Ct

APT 201
TAMARAC FL 33321

ARTICLE VII INCORPORATOR

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

Name: Guerline Joseph

Address: 7320 N.W. 85th Ct

APT 201
TAMARAC, FLORIDA 33321

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

Guerline Joseph
Required Signature/Registered Agent

12/30/2020

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.

Guerline Joseph
Required Signature/Incorporator

12/30/2020
Date

FILED
DEC 30 2020
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