

P21000035816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

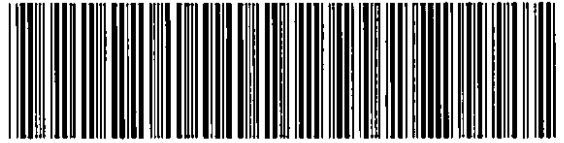
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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2021 APR 21 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2021 APR 21 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FL

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 4/21/21

****WALK IN****

ENTITY NAME A&M SALON GROUP CORP.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

Plain Copy
Certified Copy
Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments
Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
Certificate of Status
Certificate of Status Reflecting: _____

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ <u>78.75</u>	ACCOUNT # 120140000108 United Corporate Services, Inc.	<i>Keith Lippard</i>
<i>Please call Tina at the above number for any issues or concerns. Thank you so much!</i>		

COVER LETTER

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

SUBJECT: A&M Salon Group Corp.

(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: Andrea Ermmamarino

Name (Printed or typed)

6208 Country Fair Circle

Address

Boynton Beach, FL 33437

City, State & Zip

516-545-9668

Daytime Telephone number

durso67@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)

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ARTICLE I NAME

The name of the corporation shall be: A&M Salon Group Corp.

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: _____

6208 Country Fair Circle
Boynton Beach, FL 33437

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Salon & Spa

ARTICLE IV SHARES

The number of shares of stock is: 200 common Shares without par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andrea Ermmamarino, President Name and Title: Michael Durso, Vice President

Address 6208 Country Fair Circle Address: 320 Cedar Swamp Road
Boynton Beach, FL 33437 Glen Head, NY 11545

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 AGENT

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

Name: Andrea Ermammarino
 Address: 6208 Country Fair Circle
Boynton Beach, FL 33437

2021 APR 21 AM 9:33
 SECRETARY OF STATE
 TALLAHASSEE, FL

11 ED

ARTICLE VII INCORPORATOR

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

Name: Edward Linzer
 Address: 565 Plandome Road #282
Manhasset, NY 11030

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/ Andrea Ermammarino
 Required Signature/Registered Agent

04/21/2021
 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/ Edward Linzer
 Required Signature/Incorporator

04/21/2021
 Date