

P210 00045366

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TALLAHASSEE, FLORIDA

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D O'KEEFE  
MAY 18 2021

## COVER LETTER

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

SUBJECT: The Beauty Expert 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 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: ShaQuanda Moore  
Name (Printed or typed)  
400 capital Circle SE suite 18181  
Address  
Tallahassee, Florida, 32301  
City, State & Zip  
850-750-0709  
Daytime Telephone number  
thebeautyexpert@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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TALLAHASSEE, FLORIDA

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: The beauty expert inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

400 Capital circle SE suite 18181

Tallahassee, Florida 32301

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: COSMETIC purposes such  
as hair styling, waxing, make up, nails, toes, and  
human hair selling (bundles, wigs and lashes)

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Nikkisha Asbey

Name and Title: \_\_\_\_\_

Address 400 Capital circle SE

Address: \_\_\_\_\_

Suite 18181

Tallahassee FL 32301

Name and Title: Charlie Moore

Name and Title: \_\_\_\_\_

Address 2818 Tartany drive

Address: \_\_\_\_\_

Tallahassee FL 32301

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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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:

Address:

ShaQuanda Moore  
1021 Idlewild drive #1130  
Tall, FL, 32311

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name:

Address:

ShaQuanda Moore  
1021 Idlewild drive #1130  
Tallahassee, FL 32311

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 06/07/2021 (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*

ShaQuanda Moore  
Required Signature/Registered Agent

5/18/2020  
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.*

ShaQuanda Moore  
Required Signature/Incorporator

5/18/2021  
Date