

P21000080399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

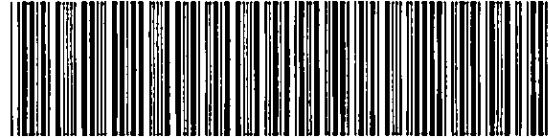
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

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

SUBJECT: Beyond Beauty Association Company, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Jami Hamilton  
Name (Printed or typed)

4058 Winkler Ave Apt 208  
Address

Fort Myers, FL 33916  
City, State & Zip

239 - 839 - 0447  
Daytime Telephone number

jrhamilton88@icloud.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: Beyond Beauty Association Company, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address  
4058 Winkler Ave Apt 208

Fort Myers, FL 33916

Mailing address, if different is:  
P.O. Box 121

Fort Myers, FL 33902

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: If I limit the liability to conduct a lawful, ethical, profitable and sustainable business in order to create value over the long term which requires consideration of the stake holders that are critical to the success in my career as a cosmetologist

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jamy Hamilton (C.P.) Name and Title: \_\_\_\_\_

Address: 4058 Winkler Ave Address: \_\_\_\_\_

Apt 208 \_\_\_\_\_

Fort Myers, FL 33916 \_\_\_\_\_

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:

Jami Hamilton

Address:

4058 Winkler Ave Apt 208  
Fort Myers, FL 33916

**ARTICLE VII INCORPORATOR**

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

Name:

Jami Hamilton

Address:

4058 Winkler Ave Apt 208  
Fort Myers, FL 33916

**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*

Jami Hamilton

Required Signature/Registered Agent

05/08/2021

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.*

Jami Hamilton

Required Signature/Incorporator

Date

05/08/2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 22, 2021

JAMI HAMILTON  
4058 WINKLER AVE APT 208  
FORT MYERS, FL 33916

SUBJECT: JAMI'S HOUSE OF BEAUTY INC.  
Ref. Number: W21000055087

We have received your document for JAMI'S HOUSE OF BEAUTY INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

James G Harris  
Regulatory Specialist II

Letter Number: 721A00008339

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