

P22000005972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

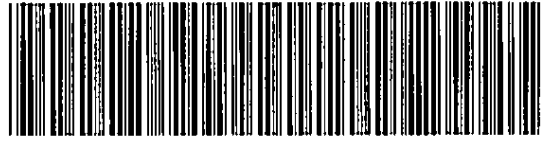
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000379104450

01/19/22--01038--010 ++78.75

*(Handwritten signature)*  
1/31/22

2020 JAN 19 AM 5:22  
STATE OF TEXAS  
FALL COUNTY

2

# COVER LETTER

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

**SUBJECT:** THE LIP GLOSS FACTORY, 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

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

**FROM:** CHANKEVIA BASSA  
Name (Printed or typed)

18048 SW 107th AVENUE # 101  
Address

MIAMI, FL 33157  
City, State & Zip

786-853-2207  
Daytime Telephone number

grantfamilyempire@gmail.com  
E-mail address: (to be used for future annual report notification)

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

2020 JUN 19 AM 5:21

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME** THE LIP GLOSS FACTORY, INC.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
10075 SW 172nd STREET  
MIAMI, FL 33157

Mailing address, if different is:  
10075 SW 172nd STREET  
MIAMI, FL 33157

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES** 5,000

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: CHANKEVIA BASSA, PRESIDENT  
Address: 18048 SW 107th AVENUE # 101  
MIAMI, FL 33157

Name and Title: ANTHONY GRANT, VICE PRESIDENT  
Address: 10075 SW 172nd STREET  
MIAMI, FL 33157

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

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

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

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

2020 JAN 19 AM 9:21  
SECRETARY

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: CHANKEVIA BASSA  
Address: 18048 SW 107th AVE #101  
MIAMI FL 33157

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CHANKEVIA BASSA  
Address: 18048 SW 107th AVE #101  
MIAMI FL 33157

**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*

Chankevia Bassa \_\_\_\_\_ 12-29-21  
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.*

Chankevia Bassa \_\_\_\_\_ 12-29-21  
Required Signature/Incorporator Date

2020 JAN 19 AM 5:21  
SECTION 19  
TALL