

P23000016948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

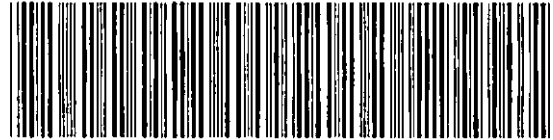
(Document Number)

Copies _____

Certificates of Status _____

Instructions to Filing Officer:

Office Use Only



300403627633

03/06/23--01001--012023**78.75

2023 MAR 6 AM 11:01

OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 MAR -6 AM 11:01

RECEIVED

COVER LETTER

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

SUBJECT: Ascensions Cosmetics, 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: Bashah Gaines
Name (Printed or typed)

301 W. State Road 434, Suite 345
Address

Winter Springs, Florida 32708
City, State & Zip

321-330-5031
Daytime Telephone number

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

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

EIN 92-2663725

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: ~~Ascension Cosmetics, Inc.~~ Ascension Cosmetics 434, Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

301 W. State Road 434

Suite 345

Winter Springs, FL 32707

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all legal purposes

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bashah Gaines, President

Name and Title: _____

Address 301 W. State Road 434

Address: _____

Suite 345

Winter Springs, FL 32707

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: Bashah Gaines
Address: 301 W. State Road 434, Suite 345
Winter Springs, FL 32707

ARTICLE VII INCORPORATOR

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

Name: Bashah Gaines
Address: 301 W. State Road 434, Suite 345
Winter Springs, FL 32707

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/02/2023 (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

Required Signature/Registered Agent

03/06/2023
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.

Required Signature/Incorporator

03/06/2023
Date