

P24000057135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

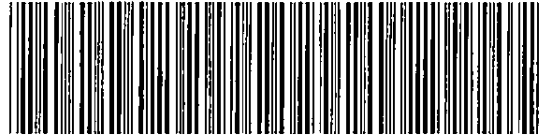
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2024 SEP -9 AM 9:47
CLERK OF STATE
TALLAHASSEE, FL

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2024 SEP -9 PM 2:52
CLERK OF STATE
TALLAHASSEE, FL

RECEIVED

MS

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 9/9/2024

PRIORITY Regular Approval

OUR REF # (Order ID #) 1287273

ORDER ENTITY
LOTTA BEAUTY INC

2024 SEP 9 AM 9:47
FILED
TALLAHASSEE, FL

PLEASE PERFORM THE FOLLOWING SERVICES:
LOTTA BEAUTY INC (FL)

New corp filing

NOTES:
\$70.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:
ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

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

SUBJECT: Lotta Beauty 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

2024 SEP -9 AM 9:17
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

FILED

FROM: Sapphire Marquez
Name (Printed or typed)

7801 Folsom Blvd Ste 202
Address

Sacramento CA 95826
City, State & Zip

888-595-2747
Daytime Telephone number

info@irs-audit-group.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: Lotta Beauty Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address: 1038 Collier Blvd
Saint Augustine, Florida, 32084

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: BEAUTY

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COUNTY OF STATE
PALM HASSSEE, FL

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Charlota Matousova, Director Name and Title: _____
Address: 1038 Collier Blvd Address: _____
Saint Augustine FL 32084 _____

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: Charlota Matousova
Address: 1038 Collier Blvd
Saint Augustine FL 32084

ARTICLE VII INCORPORATOR

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

Name: Charlota Matousova
Address: 1038 Collier Blvd
Saint Augustine FL 32084

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DEPARTMENT OF STATE
TALLAHASSEE, FL

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/ Charlota Matousova _____ 09/06/2024
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.

/S/ Charlota Matousova _____ 09/06/2024
Required Signature/Incorporator Date