

P97000037592

TRANSMITTAL LETTER

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

100002154691--5
-04/25/97--01024--007
****122.50 ****122.50

SUBJECT: Lilian Beauty Salon, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Isidora Bencosme
Name (Printed or typed)

8881 NW 3 ST
Address

Pembroke Pines, FL 33024
City, State & Zip

(954) 435-2880
Daytime Telephone number

FILED
97 APR 25 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

4/20/97

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Lilian Beauty Salon, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7743 Johnson Street
Pembroke Pines, FL 33024

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100. at \$1.00 each

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Isidora Bencosme
7743 Johnson St.
Pembroke Pines, FL 33024

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ARTICLE V INCORPORATOR(S)

See instructions for officers/directors


The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Isidora Bencosme
8881 NW 3 St.
Pembroke Pines, 33024

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

_____ day of _____, 19 _____.

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Lilian Beauty Salon, Inc.

2. The name and address of the registered agent and office is:

Isidora Bencosme

(NAME)

7743 Johnson St.

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Pembroke Pines, FL 33024

(CITY/STATE/ZIP)

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Isidora Bencosme
(SIGNATURE)

(DATE)