

P99000008368

TRANSMITTAL LETTER

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

SUBJECT: ALOMA'S BEAUTY SPA, INC.
(Proposed corporate name - must include suffix)

800002753899--9
-01/25/99--01132--015
*****78.75 *****78.75

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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: ALOMA T. INGRAM
Name (Printed or typed)

2741 NW 63RD AVE
Address

SUNRISE, FL 33313
City, State & Zip

954-746-8485
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 JAN 25 AM 8:32

FILED

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

1-22-99

FILED
99 JAN 25 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE 1 NAME

The name of the corporation shall be:

ALOMA'S BEAUTY SPA, INC.

ARTICLE 11 PRINCIPAL OFFICE

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

**3851 WEETAMOO CIRCLE
ORLANDO, FL 32818**

ARTICLE 111 SHARES

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

7000

ARTICLE 1V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and street address of the initial registered agent are:

**ALOMA T. INGRAM
2471 NW 63RD AVE
SUNRISE, FL 33313**

ARTICLE V INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

**ANTHONY H. INGRAM
2471 NW 63RD AVE
SUNRISE, FL 33313**


Signature/Incorporator

1-2-99
Date

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.


Signature/Registered Agent

1-2-99
Date