

PO80000078376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

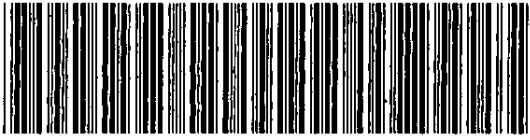
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 AUG 25 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Abacos Salon & Spa, 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 type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Romana Rainone
Name (Printed or typed)

2762 Cattail Court
Address

Longwood, FL 32779
City, State & Zip

(407) 774-8327
Daytime Telephone number

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:

Abacos Salon & Spa, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

2762 Cattail Court
Longwood FL 32779

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Romana Rainone (P)
2762 Cattail Court
Longwood FL 32779

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Romana Rainone
2762 Cattail Court
Longwood FL 32779

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Romana Rainone
2762 Cattail Court
Longwood FL 32779

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

Romana Rainone
Signature/Registered Agent

8/22/08
Date

Romana Rainone
Signature/Incorporator

8/22/08
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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