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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2/1/03

## TRANSMITTAL LETTER

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

SUBJECT: N W Solutions  
(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**

FROM: Neil Washington  
Name (Printed or typed)

1589 SW 116th Ave, Bldg 151  
Address

Pembroke Pines, FL 33025  
City, State & Zip

(954) 538-9653  
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: **N W Solutions, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: **1589 SW 116th Ave, Bldg 151  
Pembroke Pines, FL 33025**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **To provide and distribute  
quality haircare products and education with exception  
service.**

**ARTICLE IV SHARES**

The number of shares of stock is: **1**

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is: **Neil Washington  
1589 SW 116th Ave, Bldg  
Pembroke Pines, FL 33025**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is: **Neil Washington  
1589 SW 116th Ave, Bldg 151  
Pembroke Pines, FL 33025**

\*\*\*\*\*  
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

**Neil Washington / Neil Washington** **1-28-03**  
Signature/Registered Agent Date

**Neil Washington / Neil Washington** **1-28-03**  
Signature/Incorporator Date