

PD5000049615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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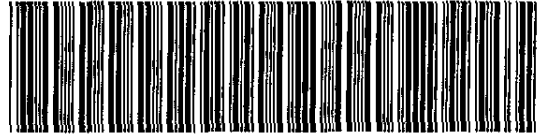
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/4/05
BWK

TRANSMITTAL LETTER

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

SUBJECT: Renee O'Brien Design 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

FROM: Renee L O'Brien
Name (Printed or typed)

1125 Town Park Ave Suite 1031
Address

Lake Mary FL 32746
City, State & Zip

407-936-2547
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:

Renee O'Brien Design Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1125 Town Park Ave
Suite 1031
Lake Mary FL 32746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Hair Care Service

ARTICLE IV SHARES

The number of shares of stock is:

Ten Thousand

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Renee L. O'Brien
1125 Town Park Ave
Suite 1031
Lake Mary FL 32746

ARTICLE VI REGISTERED AGENT

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

Renee L. O'Brien
1125 Town Park Ave
Suite 1031
Lake Mary FL 32746

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Renee L. O'Brien
493 Devon Place
Lake Mary FL 32746

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



Signature/Registered Agent

Date



Signature/Incorporator

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA