

PO7000035098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

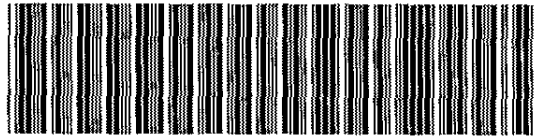
(Business Entity Name)

(Document Number)

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RECEIVED
07 MAR 20 PM 12:47
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 MAR 20 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. WHITE MAR 20 2007

COVER LETTER

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

SUBJECT: Reverity Hair Care Center 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: Helen D. McCray
Name (Printed or typed)

P.O. Box 5643
Address

Tallahassee, Fl. 32314
City, State & Zip

850-345-6993
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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

Serenity Hair Care Center LLC

07 MAR 20 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

*1519 W. Orange Ave. / P.O. Box 5643
Tallahassee, FL 32310 / Tallahassee, FL 32314*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To perform Hair Care Service

ARTICLE IV SHARES

The number of shares of stock is:

One (1)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*Ms. Helen D. McCray - Cosmetologist / Hair stylist
P.O. Box 5643
Tallahassee, FL 32314*

ARTICLE VI REGISTERED AGENT

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

*Ms. Helen D. McCray
261 Bob Miller Rd
Crawfordville, FL 32327*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Ms. Helen D. McCray
261 Bob Miller Rd
Tallahassee, FL 32327*

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

Helen D. McCray

Signature/Registered Agent

03/20/07

Date

Helen D. McCray

Signature/Incorporator

03/20/07

Date