

P07000 106321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

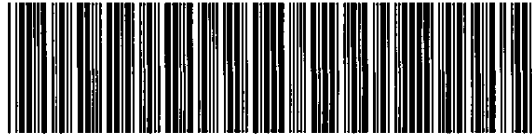
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07 SEP 25 PM 3:19  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

09/25/07--01039--009 \*\*78.50

FILED  
07 SEP 25 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VA

**COVER LETTER**

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

SUBJECT: Pam's Beauty Supply & Accessories 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:

Pamela Donaldson

Name (Printed or typed)

1154 Seminde Drive

Address

Tallahassee, FL 32301

City, State & Zip

980-1948

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**

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**ARTICLE I NAME**

The name of the corporation shall be:

*Pam's Beauty Supply & Accessories*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

*722 Campbell Street #B  
Tallahassee, Fl. 32310-5879*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*To sell hair products and accessories*

**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):

*Pamela Donaldson 1154 Seminole Dr Tall, Fl 32301 - Director  
Amber Donaldson 1154 Seminole Dr Tall, Fl 32301 - President  
Brittany O'neal 1154 Seminole Dr Tall, Fl 32301 - Secretary  
Joyce Roberts 1154 Seminole Dr Tall, Fl 32301 - Treasurer*

**ARTICLE VI REGISTERED AGENT**

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

*Pamela Donaldson  
1154 Seminole Drive Tallahassee, Fl 32301*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Pamela Donaldson  
1154 Seminole Drive  
Tallahassee, Fl 32301*

\*\*\*\*\*  
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

*Pamela Donaldson*  
\_\_\_\_\_  
Signature/Registered Agent  
*Pamela Donaldson*  
\_\_\_\_\_  
Signature/Incorporator

*9/25/07*  
\_\_\_\_\_  
Date  
*9/25/07*  
\_\_\_\_\_  
Date