

P17000007319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

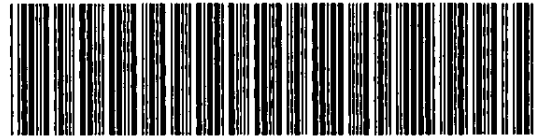
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 JAN 23 AM 11:40
SECRET OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 01/19/17

Handwritten signature 01/24/17

COVER LETTER

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

SUBJECT: M. Weston Non-Surgical Hair Restoration, 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 checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
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FROM: Mark A. Weston

 Name (Printed or typed)

5350 Gulf of Mexico Drive, Box A-6

 Address

Longboat Key, FL 34228

 City, State & Zip

(941) 217-5103

 Daytime Telephone number

info@markwestonhair.com

 E-mail address: (to be used for future annual report notification)

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: M. Weston Non-Surgical Hair Restoration, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5350 Gulf of Mexico Drive, Box A-6
Longboat Key, FL 34228

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Franchising

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ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark A. Weston, President Name and Title: _____

Address: 5350 Gulf of Mexico Drive, Box A-6 Address: _____
Longboat Key, FL 34228

Name and Title: Gale Hartvigsen, Vice-President Name and Title: _____

Address: 5350 Gulf of Mexico Drive, Box A-6 Address: _____
Longboat Key, FL 34228

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Mark A. Weston
 Address: 5350 Gulf of Mexico Drive, Box A-6
Longboat Key, FL 34228

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Mark A. Weston
 Address: 5350 Gulf of Mexico Drive, Box A-6
Longboat Key, FL 34228

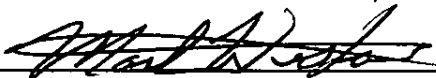
ARTICLE VIII EFFECTIVE DATE: 01/19/2017

Effective date, if other than the date of filing: _____ (OPTIONAL)

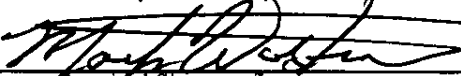
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 Required Signature/Registered Agent 01/19/17 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

 Required Signature/Incorporator 01/19/17 Date