

PRO0000046431

TRANSMITTAL LETTER

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

5/1/00

FILED
00 MAY -8 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FL 32314

SUBJECT: A Splash of Style Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

300003243729--6
-05/09/00--01012--012
*****87.50 *****87.50

Enclosed is 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: Mary Beth Clifton
Name (Printed or typed)

6252 S E Lillian Ct
Address

Stuart FL 34997
City, State & Zip

561 286 3220
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

5-10
WC

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:

A splash of Style Inc.

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TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

707 mullett Road Suite 118
Port Canaveral, Fl 32920

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Hair and Nail Salon

ARTICLE IV SHARES

The number of shares of stock is:

Five hundred (500)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

President	Amy Lorraine Clifton	P O Box 320883	Cocoa Beach, Fl 32932
Chief Executive Officer	Mary Beth Clifton	6252 S E Lillian Ct	Stuart, Fl 34997
Vice President	John E Clifton	6252 S E Lillian Ct	Stuart, Fl 34997

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Mary Beth Clifton
6252 S E Lillian Court
Stuart, Fl 34997

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mary Beth Clifton
6252 S E Lillian Court
Stuart, Fl 34997

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

Mary Beth Clifton
Signature/Registered Agent

5/1/00
Date

Mary Beth Clifton
Signature/Incorporator

5/1/00
Date

Phone: Day 561 694 6443
Home 561 286 3220