P10000045734

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer: Permission to add ending given but phone			
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10 MAY 27 MI II: 4 SECRETARY OF STATE

- 18-10 CB

COVER LETTER

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

SUBJECT: Absolu	te PHairadise Salon Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	a check for:
■ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PPY REQUIRED
	en e		
FROM: <u>S</u>	helly F. Skiles Nam	e (Printed or typed)	
29	908 Jefferson St W	Address	
!n	verness, FI 34453		
25	·	, State & Zip	
35	2-302-2620 Daytime	Telephone number	_ ·
sk	lesshelly@yahoo.com		
	E-mail address: (to be use	ed 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:

Absolute PHairadise Salon Inc.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 3353 E. Gulf to Lake HWY. Inverness, SI 34453(Physical) 2908 Jefferson St W Inverness, FI. 34453 (Mailing)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and All Lawful Business

<u>ARTICLE IV SHARES</u>

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Shelly F. Skiles Pres.
2908 Jefferson St W
Inverness FI 34453

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: Shelly f. Skiles

2908 Jefferson St W Inverness, Fl. 34453

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Shelly F. Skiles 2908 Jefferson St W Inverness, FI 34453

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

5-26-2010

Signature/Incorporator Date