

N210000004846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

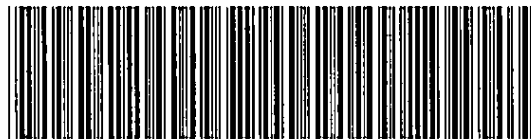
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900359785029

03/22/21--01045--005 **87.50

2021 MAR 22 PM 12:56

FIL - 11

COVER LETTER

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

SUBJECT: Jami's House of Beauty Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

ADDITIONAL COPY REQUIRED

FROM: Jami Hamilton
Name (Printed or typed)

4058 Winkler Ave Apt 208
Address

Fort Myers, FL 33916
City, State & Zip

239 839 0447
Daytime Telephone number

jrhamilton88@icbud.com
E-mail address: (to be used for future annual report notification)

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

2014/02/22 PM 12:56

FILE

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Jami's House of Beauty INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4058 Winkler Ave
Apt 208
Fort Myers, FL 33916

Mailing address, if different is:

P.O. Box 121
Fort Myers, FL 33902

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Managing an Association
of Business for purposes other
than making profit.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: president + secretary
treasure

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jami Hamilton President Name and Title: _____

Address: 4058 Winkler Ave Address: _____
Apt 208
Fort Myers, FL 33916

Name and Title: Jami Hamilton secretary Name and Title: _____

Address: 4058 Winkler Ave Address: _____
Apt 208
Fort Myers, FL 33916

Name and Title: Jami Hamilton treasure Name and Title: _____

Address: 4058 Winkler Ave Address: _____
Apt 208
Fort Myers, FL 33916

2021 JUN 22 PM 10:56

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: Jami Hamilton

Address: 4058 Winkler Ave Apt 208
Fort Myers, FL 33916

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jami Hamilton

Address: 4058 Winkler Ave Apt 208
Fort Myers, FL 33916

ARTICLE VIII EFFECTIVE DATE:

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

Jami Hamilton
Required Signature of Registered Agent

3/17/2021
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Jami Hamilton
Required Signature of Incorporator

3/17/2021
Date

COVER LETTER

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

SUBJECT: Jami's House of Beauty Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

ADDITIONAL COPY REQUIRED

FROM: Jami Hamilton
Name (Printed or typed)

4058 Winkler Ave Apt 208
Address

Fort Myers, FL 33916
City, State & Zip

239 839 0447
Daytime Telephone number

jrhamilton88@icbud.com
E-mail address: (to be used for future annual report notification)

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

2021 MAR 22 PM 12:54

FILED