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HC

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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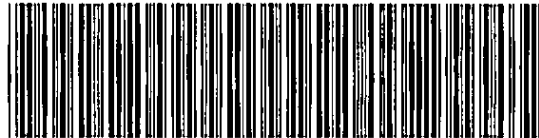
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT:** Braiding With A Twist Salon Academy, 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:** Marlo Jenkins  
\_\_\_\_\_  
Name (Printed or typed)

533 40th Avenue South  
\_\_\_\_\_  
Address

St. Petersburg, FL 33705  
\_\_\_\_\_  
City, State & Zip

727-967-6494  
\_\_\_\_\_  
Daytime Telephone number

marlojenkins05@gmail.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 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Braiding With A Twist Salon Academy, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
533 40th Avenue South

St. Petersburg, FL 33712

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Is a 10-week braiding program for teen girls ages 11-17 who live throughout the Tampa Bay area. Teens will receive a certification upon completion, also possible recommendations to work as braiders throughout their local community. Braiding with a Twist Salon Academy focuses on youth empowerment, personal development, and preparation for entrepreneurship opportunities. This is accomplished through a variety of workshops which include: the promotion of positive mindsets, braiding, wig making techniques; business relations, and salon etiquette.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Majority Vote / Elect

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jaiwana Byrd - Officer

Address: St. Petersburg, FL 33705

Name and Title: Rufus Byrd - Officer (President)

Address: 14533 Haddon Mist Drive  
Wimauma, FL 33598

Name and Title: Janice Mohr - Officer

Address: 5540 28th Street South  
St. Petersburg, FL 33712

Name and Title: Monique Cuthbertson (V. President)

Address: 876 14TH AVENUE South  
St. Petersburg, FL 33705

Name and Title: Jene't Jerido - Officer

Address: 1175 Pinellas Point Dr. South #273  
St. Petersburg, FL 33705

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
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 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Marlo Jenkins  
 Address: 533 40th Avenue South  
 St. Petersburg, FL 33712

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Marlo Jenkins  
 Address: 533 40th Avenue South  
 St. Petersburg, FL 33712

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 12/28/2021 (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.

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*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*

Marlo Jenkins  
 Required Signature of Registered Agent

12/28/2021  
 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.*

X Marlo Jenkins  
 Required Signature of Incorporator

X 12/28/2021  
 Date

December 28, 2021

To Whom It May Concern:

I, Marlo Jenkins, give permission for the Florida Department of State, Division of Corporations to release the name Braiding with A Twist Salon Academy, LLC.

- Document # - L20000042049
- Administratively Dissolved for Annual Report on 9/24/2021

It is my intent to establish Braiding With A Twist Salon Academy, Inc as a Florida Not for Profit. A noticed with the attached Articles of Incorporation along with payment of \$78.75.

If there are any questions or concerns, please contact me at (727) 967-6494 or [marlojenkins05@gmail.com](mailto:marlojenkins05@gmail.com) .

Thank you in advance – Marlo Jenkins

 12/28/21

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