

# N95000002493

## TRANSMITTAL LETTER

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

400001496414  
-05/23/95--01052--010  
\*\*\*\*131.25 \*\*\*\*131.25

SUBJECT: United Association of Florida Cosmetologists  
(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

☐ \$122.50  
Filing Fee  
& Certified Copy

☒ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FROM:

Tommi L. Clemes

Name (Printed or typed)

3258 Altamont Avenue

Address

Jacksonville, Florida 32208

City, State & Zip

(904) 764-9462

Daytime Telephone number

FILED  
95 MAY 22 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dmc  
5/25/95

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

ARTICLES OF INCORPORATION  
OF

**FILED**  
95 MAY 22 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

UNITED ASSOCIATION OF FLORIDA COSMETOLOGISTS, INC., A NOT FOR  
PROFIT CORPORATION

**ARTICLE I**  
**Name**

The name of the corporation shall be: United Association of Florida Cosmetologists, Inc.

**ARTICLE II**  
**Principle place of business and mailing address**

The principal place of business and the mailing address of this corporation shall be:

8672 Lem Turner Road  
Jacksonville, Duval County, Florida 32208

**ARTICLE III**  
**Purposes**

The specific purposes for which the corporation is organized are: To bring together collectively as a not for profit corporate body those persons sincerely interested in the achievement of high professional standards among cosmetologists and allied services in the state of Florida. To provide continuing education and promote professional development among members. To provide encouragement, support and assistance to those youths who desire to pursue careers in cosmetology and/or allied services.

**ARTICLE IV**  
**Manner of election of directors**

The directors shall be members of the corporations and shall be elected and hold office in accordance with the by-laws of the United Association of Florida Cosmetologists, Inc.

**ARTICLE V**  
**Limitations of corporate powers**

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes.

**ARTICLE VI**  
**Initial registered agent and street address**

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

Tommi L. Clemes  
3258 Altamont Avenue  
Jacksonville, Florida 32208

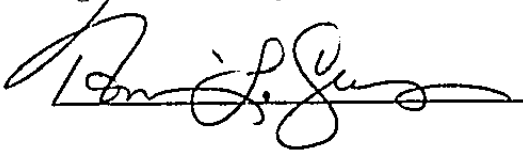
**ARTICLE VII**  
**Incorporators**

The names and street addresses of the incorporators of these articles are:

|                 |  |
|-----------------|--|
| Kathleen Mayhew | 9616 Scadlocke Drive<br>Jacksonville, Florida 32208  |
| Isacy Pearson   | 10312 Pinchurst Drive<br>Jacksonville, Florida 32218 |
| Tommi L. Clemes | 3258 Altamont Avenue<br>Jacksonville, Florida 32208  |

The undersigned incorporator has executed these Articles of Incorporation on this 10th day of April, 1995.

Signature of Incorporator:



Tommi L. Clemes

**CERTIFICATE OF DESIGNATION REGISTERED  
AGENT/REGISTERED OFFICE**

**FILED**

95 MAY 22 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA  
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE  
LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN  
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE  
OF FLORIDA.

1. The name of the corporation is: United Association of Florida Cosmetologists,  
(must include suffix)

Inc.

2. The name and address of the registered agent and office is:

Tommi L. Clemas

(Name)

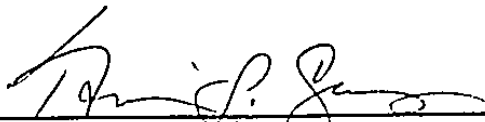
3258 Altamont Avenue

(Street address - P. O. Box not acceptable)

Jacksonville, Florida 32208

(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above  
stated corporation at the place designated in this certificate, I hereby accept the  
appointment as registered agent and agree to act in this capacity. I further agree to  
comply with the provisions of all statutes relating to the proper and complete perfor-  
mance of my duties, and I am familiar with and accept the obligations of my position  
as registered agent.*

  
(Signature)

4/10/95  
(Date)