# TRANSMITTAL LETTER HOUSSIDE STATES

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

DATE\_\_3/



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SUBJECT: Syll	c's Full Service Salo	on, Inc.	
	(Proposed corpo	orate name - must include suf	
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Enclosed is an original	al and one(1) copy of the articl	es of incorporation and a	check for :
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<b>\$70.00</b>	<b>3</b> \$78.75	□\$78.75	<b>[]</b> \$87.50
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_	& Certificate of Status	& Certified Copy	Certified Copy
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		ADDITIONAL CO	
ED 01.4			
FROM: George Fobbs Name (Printed or typed)			<u> </u>
(Times of types)			
	17240 N.W. 64th AVE. #107 Address		
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Miami, FL 33015 City, State & Zip			<del></del>
	City,	State & Zip	
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alandra	(305) 558-2078		<del></del>
1. 0 1/2 . 2011	Daytime Ti	elephone number	
AUTHORIZATION BY PHONE TO			
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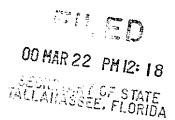
NOTE: Please provide the original and one copy of the articles.

# **ARTICLES OF INCORPORATION**

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:
Sylk's Full Service Salon, Inc.



## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 18379 N.W. 27th AVE.
Miami, FL 33056

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one tirm is:

10,000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

George Fobbs, 17240 N.W. 64th AVE #107 Miami, FL 33015

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

George Fobbs 172040 N.W. 64th AVE. #107 Miami, FL 33015

Signature/Incorporator/Registered Agent

March 20,

(An additional article must be added if an effective date is requested.)

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 performance of my duties, and I am familiar with and accept the obligations of my position as registered agent