

# P01000027195

## TRANSMITTAL LETTER

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

100003789751--8

-02/28/01--01071--017

\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: By God's Grace, Full Service Salon  
(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 of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Deborah J. Smith  
Name (Printed or typed)

2530 S. Sanford Ave. Suite 102  
Address

Sanford, Florida 32773  
City, State & Zip

(407) 321-2101

Daytime Telephone number

10:58 AM  
3/5 Called NO ANSWER or answer machine

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAR 15 PM 4:50

FILED

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

12/15/01

W01-4911

3-5-01



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 5, 2001

DEBORAH J. SMITH  
2530 S. SANFORD AVE., STE. 102  
SANFORD, FL 32773

*Please return to:*  
*Deborah J. Smith*  
*P.O. Box 2058*  
*Sanford Fl. 32772*

SUBJECT: BY GOD'S GRACE FULL SERVICE SALON, INC.  
Ref. Number: W01000004911

We have received your document for BY GOD'S GRACE FULL SERVICE SALON, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

*Please find enclosed*  
~~Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.~~

If you have any questions concerning the filing of your document, please call (850) 487-6929.

Joey Bryan  
Document Specialist

Letter Number: 601A00013290

*Thank You for all your help - enclosed is ① original Articles ② Copy please see Part III of corrected materials mailed to you - Please send to P.O. Box 2058 Deborah J. Smith*

## **ARTICLES OF INCORPORATION**

**FILED**  
01 MAR 15 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation:**

### **ARTICLE I**

**The name of the corporation shall be: By God's Grace Full Service Salon, Inc.**

### **ARTICLE II**

**The principal place of business and mailing address of this corporation shall be: By God's Grace, Full Service Salon, Inc., 2530 S Sanford Avenue, Suite 102, Sanford, Florida 32773**

### **ARTICLE III**

**The number of shares of stock that this corporation is authorized to have outstanding at any one time is: five (5)**

### **ARTICLE IV**

**The name and Florida street address of the initial registered agent is Deborah J. Smith, 1712 South West Road, Sanford, Florida 32771.**

### **ARTICLE V**

**The name and address of the Director and Incorporator to these Articles of Incorporation are as follows: The manner in which Directors are elected or appointed shall be stated in the By Laws of the Corporation.**

- 1) Deborah J. Smith, President  
1712 South West Road  
Sanford, FL 32771**

FILED  
01 MAR 15 PM 4:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE VI

In the event that this corporation is dissolved, the assets of the corporation shall be distributed to the President, Deborah J. Smith at 1712 South West Road Sanford, Florida 32771.

The undersigned incorporator has executed these Articles of Incorporation this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Deborah J. Smith  
Signature/Incorporator

3-09-01  
Date

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.

Deborah J. Smith  
Signature/Registered Agent

3-9-01  
Date