

TRANSMITTAL LETTER

P02000007305

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

400004774744--5
-01/15/02--01020--003
*****78.75 *****78.75

GEMINI MOON Co.

SUBJECT:

(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:

ELEANOR BALDWIN

Name (Printed or typed)

888 1ST AVE. N.

Address

NALES FL 34102

City, State & Zip

941-403-8008

Daytime Telephone number

FILED
02 JAN 15 AM 9:49
SEC. OF STATE
TALLAHASSEE, FLORIDA

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

gh 1/23

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: GEMINI MOON CO.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 888 1ST AVE N.
NAPLES FL 34102

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: HAIR SALON

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

ELEANOR BALDWIN
888 1ST AVE N.
NAPLES FL 34102

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ELEANOR BALDWIN
888 1ST AVE N.
NAPLES FL 34102

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

Eleanor Baldwin

Signature/Registered Agent

1-9-02

Date

Eleanor Baldwin

Signature/Incorporator

1-9-02

Date