

TRANSMITTAL LETTER

P02000036965

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

SUBJECT: ^(e) Southern Charm Day Spa & Salon 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: BARBARA A OMAN
Name (Printed or typed)

4854 APPLETON AVE.
Address

JACKSONVILLE, FL 32210
City, State & Zip

(388) 904-318 - 9950
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR - 4 PM 3:12

APPROVED
AND
FILED

000005193280--4
-04/04/02--01065--011
***175.00 ***87.50

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

JF 4/4

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:

Southern Charm Day Spa & Salon INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*4854 Appleton Ave.
Jacksonville, Fl 32210*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

beauty services

ARTICLE IV SHARES

The number of shares of stock is:

3

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

*BARBARA A. OMAN - President
JUNE Smethers - VICE President
Richard BAKER - Comptroller*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DE APR -4 PM 3:12

APPROVED
AND
FILED

ARTICLE VI REGISTERED AGENT

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

*BARBARA A OMAN
4854 Appleton Ave.
Jacksonville, Fl 32210*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*BARBARA A. OMAN
4854 Appleton Ave.
Jacksonville, Fl 32210*

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

Barbara A Oman
Signature/Registered Agent

4-4-02
Date

Barbara A Oman
Signature/Incorporator

4-4-02.
Date