

	•			
subject: <u>Eb</u>	one and Ivove	Beauty Sal	lon, II UDE SUFFIX)	<u>.</u>
Enclosed are an orig	inal and one (1) copy of the artic		00006893 -08/05/02-4 *****78.75	1221——8 01038—016 *****78.75
Enclosed are an orig	man and one (1) copy of the artic	cies of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	Nell R. WAII Name (	Printed or typed)		
-	6536 Beach B	Ivd, Suite a	#2	

Jackson Ville, Fh. 32216
City, State & Zip 904 - 805 - 9533

Daytime Telephone number

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

# **ARTICLES OF INCORPORATION**

In Compliance with Cahpter 607 and/or Chapter 621 F.S. (Profit)

#### **ARTICLE I NAME**

The name of the corporation shall be:

Ebon'e and Ivor'e Beauty Salon II Inc.



### ARTICLE II PRINCIAL OFFICE

The principal place of business/mailing address is:

6536 Beach Boulevard, Suite 2 Jacksonville, Florida 32216

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is to transact any and all lawful business.

## **ARTICLE IV SHARES**

The number of shares of stock is 100

## ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es) and titles:

President

Nell R. Wall

6536 Beach Boulevard Suite 2

Jacksonville, Florida 32216

Vice President

Gregory Wall

6536 Beach Boulevard, Suite 2

Jacksonville, Florida 32216

Secretary

Kimberly Wall

4950 Richard Street Apt 82

Jacksonville, Florida

#### ARTICLE VI REGISTERED AGENT

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

Nell R. Wall 6536 Beach Boulevard, Suite 2 Jacksonville, Florida 32216

#### ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Nell Wall 6536 Beach Boulevard, Suite 2 Jacksonville, Florida 32216

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 and accept the appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent

Signature/Incorporator

Doto

Date

Date

02 AUG -5 PM 1: 41
SECRETARY UF STATE
TALLAHASSEE ET GATE