

P020000089551

Lisa D. Bayce
Requester's Name
P.O. Box 180232
Address
Tall, Fl. 32318
City/State/Zip
850) 556-0327
Phone #

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Salon Eu' Suites
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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TALLAHASSEE, FLORIDA

- ☒ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

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*****78.75 *****78.75

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

Bm 8/19

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ARTICLES OF INCORPORATION

Of

SALON EN' SUITES, INC.

I, the undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, do hereby adopt the following Articles of Incorporation:

ARTICLE I.

Name of Corporation

The name of this corporation shall be ***SALON EN' SUITES, INC.***

ARTICLE II

PRINCIPAL OFFICE

The principal place of business shall be 2510-D North Monroe Street, Tallahassee, Florida 32303 and the mailing address of this corporation shall be P. O. Box 180232, Tallahassee, Florida 32318.

ARTICLE III.

Term of Existence

The duration of the corporation shall be perpetual. This corporation begins its corporate existence the same date as the filing of these articles of incorporation with the Florida Department of State.

ARTICLE IV.

General Purpose

This corporation may transact any or all lawful business for which corporations may be incorporated under the laws of the State of Florida and shall have those general powers conferred upon corporations under the laws of the State of Florida.

ARTICLE V.

Capital Stock

The aggregate number of shares of capital stock which this corporation is authorized to issue is Three Hundred (300) shares. Such shares shall be of a single class, and shall have a par value of One Dollar (\$1.00) per share.

ARTICLE VI.

Registered Office and Registered Agent

The street address of the initial registered office of this corporation in the State of Florida is 2510-D North Monroe Street, Tallahassee, Florida 32303. The initial registered agent for this corporation at its registered office is Lisa D. Boyce. The Board of Directors shall have the power to establish branch offices, and to move the registered office of the corporation to any other address in Florida.

ARTICLE VII.

Board of Directors

The number of directors of the initial Board of Directors of this corporation is one (1). The name and address of the member of the initial Board of Directors of this corporation is as follows:

Lisa D. Boyce
P. O. Box 180232
Tallahassee, Florida 32308

ARTICLE VIII.

Incorporator

The following is the name and address of the incorporator of this corporation:

Lisa D. Boyce
P. O. Box 180232
Tallahassee, Florida 32308

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

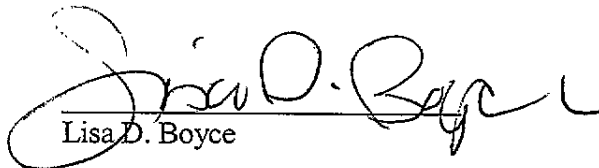
Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida:

The name of the corporation is:

SALON EN' SUITES, INC.

The name and address of the registered agent and office is:

Lisa D. Boyce
~~P. O. Box 180232~~ 2510-D North Monroe St.
Tallahassee, Florida 32308 32303


Lisa D. Boyce

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.


Lisa D. Boyce Date: 8-19-02

STATE OF FLORIDA)

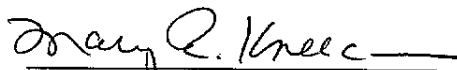
COUNTY OF LEON)

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared Lisa D. Boyce who is (✓) personally known by me or () furnished the following as proof of identification: _____

WITNESS my hand and official seal in the County and State named above this 19th day of August, 2002.

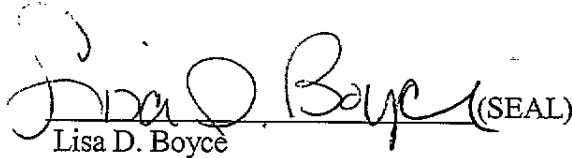


Mary R. Kneec
MY COMMISSION # CC999855 EXPIRES
May 25, 2005
BONDED THRU TROY FAIR INSURANCE, INC.


Notary Public
My Commission expires:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 AUG 19 AM 11:18

IN WITNESS WHEREOF, the undersigned has made and subscribed to these Articles of Incorporation at Tallahassee, Florida, on this 19th day of August, 2002.

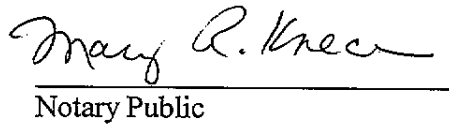
 (SEAL)
Lisa D. Boyce

STATE OF FLORIDA)


COUNTY OF LEON)

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared Lisa D. Boyce who is (☒) personally known by me () or who furnished the following as proof of identification:

WITNESS my hand and official seal in the county and state named above this _____ day of August 2002.


Notary Public

My Commission expires:

 Mary R. Knece
MY COMMISSION # CC999855 EXPIRES
May 25, 2005
BONDED THRU TROY FAIR INSURANCE, INC.