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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Stylistics, 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: Deanna Constable
Name (Printed or typed)

2040 Laguna Way
Address

Miramar, FL 33025
City, State & Zip

954-401-5698
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Stylistics, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2640 Laguna Way
Miramar FL 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Cosmetology

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Deanna Constable
2640 Laguna Way
Miramar, FL 33025

ARTICLE VI REGISTERED AGENT

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

Deanna Constable
2640 Laguna Way
Miramar, FL 33025

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Deanna Constable
2640 Laguna Way
Miramar, FL 33025

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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

Signature/Registered Agent — Date: 12-6-02

Signature/Incorporator — Date: 12-6-02