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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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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: ESCAPE HAIR SALON INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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:

LUIS PADILLA

Name (Printed or typed)

4627 Eggert Ln

Address

KISSIMMEE FL 34746

City, State & Zip

407-928-7426

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)

ARTICLE I NAME

The name of the corporation shall be: **ESCAPE HAIR SALON INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: **4627 EAGLET LN
KISSIMMEE FL 34746**

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: **100.**

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

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

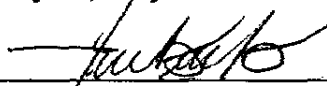
**LUIS PADILLA
4627 EagleT LN
Kissimmee FL 34746**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**LUIS Padilla
4627 EagleT LN
Kissimmee FL 34746**


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

1-26-03

Date



Signature/Incorporator

1-26-03

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA