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(Requestor's Name)

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(City/State/Zip/Phone #)

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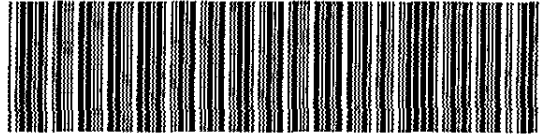
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 FEB 24 AM 1:19

F. CHASSER FEB 25

TRANSMITTAL LETTER

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

SUBJECT: CAROLINE DEPREZ, 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: SOUTHWEST PROFESSIONAL SERVICES OF SOUTH FLA INC
Name (Printed or typed)

13571 MCGREGOR BLVD #22
Address

FORT MYERS FL 33919
City, State & Zip

239 481 4444
Daytime Telephone number

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

ARTICLES OF INCORPORATION

OF

CAROLINE DEPREZ, INC.
A Florida Profit Corporation

(Pursuant to Chapter 607 and/or 621, Florida Statutes)

FILED
SECRETARY OF FLORIDA
03 FEB 24 PM 1:19
TALLAHASSEE, FLORIDA

The undersigned person has signed this document for the purpose of forming a corporation under the laws of Florida and adopts the following Articles of Incorporation.

1. **Name.** The name of this corporation is CAROLINE DEPREZ, INC..
2. **Purpose and Powers.** This corporation is organized for the transaction of any and all lawful business for which corporations may be incorporated under the laws of the State of Florida, as they may be amended from time to time.

This corporation shall have the broad general powers set forth in Chapter 607.0302, Florida Statutes, and the purpose for which this corporation is organized is:

HAIR DRESSER

3. **Authorized Shares.** The corporation shall have the authority to issue 1000 shares of common stock.
4. **Principal Office and Mailing Address of Corporation.** The principal place of business and mailing address of the corporation shall be:

Principal Place of Business
7420 PENZANCE RD. APT 5012
FORT MYERS FL 33912

Mailing Address
7420 PENZANCE RD. APT. 5012
FORT MYERS FL 33912

5. **Initial Officers/Directors.** The initial Board of Directors shall consist of 1 persons, who shall serve until the first annual meeting of the shareholders, and whose names and addresses are:

CAROLINE DEPREZ
7420 PENZANCE RD. APT 5012
FORT MYERS FL 33912
PRESIDENT

6. **Registered Agent.**
The name and Florida street address of the Registered Agent of the Corporation is:

SOUTHWEST PROFESSIONAL SERVICES OF SO. FL, INC.
13571 MCGREGOR BLVD. #22
FORT MYERS FL 33919

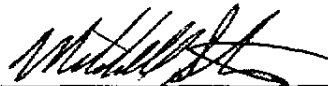
7. **Incorporator.** The name and address of the incorporator is:

SOUTHWEST PROFESSIONAL SERVICES OF SO. FL, INC.
MITCHELL STOVING, PRESIDENT
13571 MCGREGOR BLVD #22
FORT MYERS FL 33919

8. **Effective Date.** These Articles are to be effective the date of filing unless otherwise specified below:

IN WITNESS WHEREOF, the following incorporator has signed these Articles of Incorporation on:

Date: 2/15/03

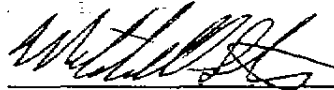


SOUTHWEST PROFESSIONAL SERVICES OF SO. FL, INC.

ACCEPTANCE BY REGISTERED AGENT

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.

DATE: 2/5/03



SOUTHWEST PROFESSIONAL SERVICES OF SO. FL, INC.

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