

P030000 44829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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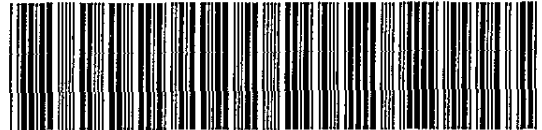
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 APR 21 PM 2:21

F. HESGER APR 22

TRANSMITTAL LETTER

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

SUBJECT: TRU KOLORZ, 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: GINA BAGLINI & CRISSY LAZO
Name (Printed or typed)
2828 CLARK ROAD SUITE 3
Address
SARASOTA, FLORIDA 34231
City, State & Zip
(941) 922-3445
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:

TRU KOLORZ, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2828 CLARK ROAD SUITE 3, SARASOTA, FLORIDA 34231

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HAIR SALON BUSINESS

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):

GINA BAGLINI 4389 GYPSY STREET, SARASOTA, FLORIDA 34233

CRISSE LAZO 2252 LOCKWOOD MEADOWS WAY, SARASOTA, FLORIDA 34231

ARTICLE VI REGISTERED AGENT

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

GINA BAGLINI 2828 CLARK ROAD SUITE 3 SARASOTA, FLORIDA 34231

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GINA BAGLINI 2828 CLARK ROAD SUITE 3 SARASOTA, FLORIDA 34231

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

Crisse Lazo
Gina M Baglini
Signature/Registered Agent

4/15/03
Date

Crisse Lazo
Gina M Baglini
Signature/Incorporator

4/15/03
Date

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SECRETARY OF STATE
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