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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

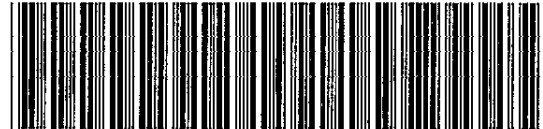
(Business Entity Name)

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MAY -6 11:11:45
TALLAHASSEE, FLORIDA

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MAY -6 PM 12:52
TALLAHASSEE, FLORIDA

J SMITH MAY 06 2003

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Express Cuts, Inc.

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

☒ Art of Inc. File _____

_____ LTD Partnership File _____

_____ Foreign Corp. File _____

_____ L.C. File _____

_____ Fictitious Name File _____

_____ Trade/Service Mark _____

_____ Merger File _____

_____ Art. of Amend. File _____

_____ RA Resignation _____

_____ Dissolution / Withdrawal _____

_____ Annual Report / Reinstatement _____

_____ Cert. Copy _____

☒ Photo Copy _____

_____ Certificate of Good Standing _____

_____ Certificate of Status _____

_____ Certificate of Fictitious Name _____

_____ Corp Record Search _____

_____ Officer Search _____

_____ Fictitious Search _____

_____ Fictitious Owner Search _____

_____ Vehicle Search _____

_____ Driving Record _____

_____ UCC 1 or 3 File _____

_____ UCC 11 Search _____

_____ UCC 11 Retrieval _____

_____ Courier _____

ARTICLES OF INCORPORATION

OF

Express Cuts, Inc.

The undersigned incorporator, for the purpose of forming a corporation under Florida General Corporation Act, hereby adopts the following Articles of Incorporation.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 MAY -6 PM 12:52

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ARTICLE I. NAME

The name of the corporation shall be:

Express Cuts, Inc.

The principal place of business of this corporation shall be:

***2194 Main Street, Suite K
Dunedin, Florida 34698***

The mailing address of this corporation shall be:

***2194 Main Street, Suite K
Dunedin, Florida 34698***

ARTICLE II. NATURE OF BUSINESS

This corporation may engage in or transact any or all-lawful activities of business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of that this corporation is authorized to have outstanding at any one time is 10,000 shares of common stock have \$1.00 per value per share.

ARTICLE IV. TERM OF EXISTENCE

The corporation is to exist perpetually.

ARTICLE V. OFFICERS DIRECTORS

This corporation is to have one director and one officer, initially. The name and street address of the initial director and officer who shall hold office for the first year of the corporation's existence, or until his successor is elected or appointed is:

***Stamatina Sahlas
President***

***2194 Main Street, Suite K
Dunedin, Florida 34698***

ARTICLE VI. INCORPORATOR

The name and street address of the incorporator to the Articles of Incorporation is:

***Stamatina Sahlas
President***

***2194 Main Street, Suite K
Dunedin, Florida 34698***

IN WITNESS WHEREOF, the under signed incorporator has executed these Articles of Incorporation this 5 day of May, 2003.

Signature of Incorporator

Stamatina Sahlas
Incorporator

STATE OF FLORIDA
COUNTY OF PINELLAS

THE FOREGOING instrument was acknowledge and sworn to before me this 5 day of May, 2003, by **Stamatina Sahlas of Express Cuts, Inc.**

He/She is personally known to me or has produced a driver's license as identification and did not take an oath.

☒ Personally Known to me, or

☐ Produced Identification: _____

Notary Public

Dori A. Lindsley



Dori A. Lindsley
Commission # DD190043
Expires April 15, 2007
Bonded Thru
Atlantic Bonding Co., Inc.

CERTIFICATE DESIGNATING

REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of Section 607.325, 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.

1. The name of the corporation is:

EXPRESS CUTS, INC.

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

Name: STAMATINA SAHLAS

Address: 2194 Main Street, Suite K

City: DUNEDIN, **State:** FL **Zip Code:** 34698

SIGNATURE: Stamatina Sahlas

TITLE: President

DATE: 5/5/03

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE: Stamatina Sahlas
DATE: 5/5/03

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