

P03000055095

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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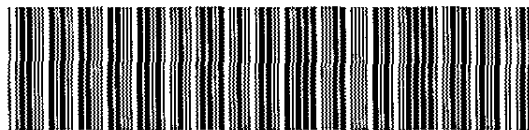
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FILED
STATE
03 MAY 19 PM 2:50

RECEIVED
03 MAY 19 PM 2:47
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Healthy Hair Express 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:

Cathy L. Williams
Name (Printed or typed)

3539 Apalachee Pkwy #193
Address

Tallahassee, FL 32311
City, State & Zip

850-878-7177
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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY 19 PM 2:50

ARTICLE I NAME

The name of the corporation shall be:

Healthy Hair Express, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*3539 Apalachee Pkwy Unit #93
Tallahassee, FL 32311*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For Profit

ARTICLE IV SHARES

The number of shares of stock is: *1*

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

*Cathy L. Williams, President
Perlyne Sacagawea
Cathy W. Blumenberg Vice President
Director*

ARTICLE VI REGISTERED AGENT

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

*Cathy L. Williams
2959 Apalachee Pkwy E-16
Tallahassee, FL 32301*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Cathy L. Williams
2959 Apalachee Pkwy E-16
Tallahassee, FL 32311*

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

Cathy L. Williams

Signature/Registered Agent

5/19/03

Date

Cathy L. Williams

Signature/Incorporator

5/19/03

Date