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(Requestor's Name)	
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PICK-UP WAIT MAIL	
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TRANSMITTAL LETTER

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

SUBJECT:	Mirage Hai	R Studio J	NC.		
	(PROP OS ED CORPORA	ATE NAME – <u>MUST PACL</u>	UDE 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	LISA P. Name	(rimed or typed)	ager ive		
-	Sprin Sprin	Address Address State & Zip			
	362-101010-191	16 pr 684-	4775		

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

	SEC ALL 03
-ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	SECRETARY ALLAHASSE 03 MAY 15
ARTICLE I NAME The name of the corporation shall be: Mirage Hair Studio, inc-	S AM 9: 16
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 2280 Commercial Way Spring Hill, Fl. 3460-6	{
ARTICLE III PURPOSE The purpose for which the corporation is organized is: a hair salon	
ARTICLE IV SHARES The number of shares of stock is:	
/00	
The name(s), address(es) and title(s):	
Lisa H. Laderwager	
3195 Lema Dr. Spring Hill, Fl. 34609	
ARTICLE VI REGISTERED AGENT	
	110.00
The name and Florida street address of the registered agent is: Raymond J. Lader 13195 Lema Ds.	Digier
· · · · · · · · · · · · · · · · · · ·	
Spring Hill, Fl. 3	14609
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is: Lisa A. Laderwager 3195 Lema Dr. Spring Hill, F1-34609	
**************************************	*****
Having been named as registered agent to accept service of process for the above stated corporation at the place designate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	gnated in this
Raymond J. Laderickans 5/12/03 Signature/Registered Agent Date	
Signature/Incorporator 5/12/0.	3