

P03000067669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

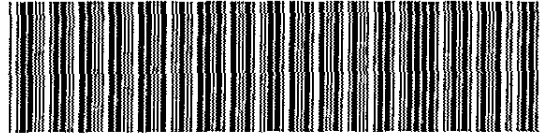
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STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: _____ Paulette Morrison Health & Beauty Consultation, Inc. _____

Enclosed is an original and one (1) Copy of the articles of incorporation and a check for:

\$70.00	X	\$78.75	\$78.75	\$87.50
Filing Fee		Filing Fee	Filing Fee	Filing Fee
		& Certificate of Statue	Certified Copy	Certified Copy
				& Certificate of
				Status
				ADDITIONAL COPY REQUIRED

FROM Richard Anderson
750 S Orange Blossom Trail
Suite 215
Orlando, FL 32805
407-835-1044

NOTE: Please find the original and one copy of the article.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Paulette Morrison Health & Beauty Consultation, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2216 Silver Pines Place
Orlando, Florida 32808

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

Twenty Five Thousands (25,000)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

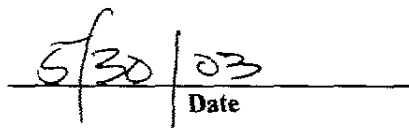
Paulette J Morrison
2216 Silver Pines Place
Orlando, Florida 32808

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Paulette J Morrison - 2216 Silver Pines Place - Orlando, Florida 32808


Signature/Incorporator/Agent


Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature/Registered


Date