

P03000/049/8

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

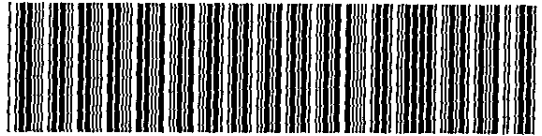
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
03 SEP 19 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**TRANSMITTAL LETTER**

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

SUBJECT: City Styles Hair Salon & Hip Hop Barbershop  
(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: George L. Jordan  
Name (Printed or typed)

202 NW Ferns Dr.  
Address

PSL, FL. 34983  
City, State & Zip

772-573-9168  
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)

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**ARTICLE I NAME**

The name of the corporation shall be:

CITY STYLES HAIR SALON & HIP HO BARBERSHIP

IN SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

8434 S. FEDERAL HWY. 1  
PORT ST. LUCIE, FL 34952

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

FULL SERVICE FAMILY HAIRCARE

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

GEORGE L JORDAN OWNER  
REBEKAH J JORDAN CO-OWNER  
202 NW. FERRIS DR  
P.S.L., FL 34983

**ARTICLE VI REGISTERED AGENT**

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

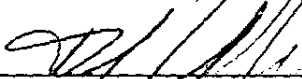
REBEKAH JORDAN  
202 NW. FERRIS DR  
P.S.L., FL 34983

**ARTICLE VII INCORPORATOR**

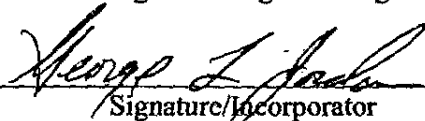
The name and address of the Incorporator is:

GEORGE L. JORDAN  
202 NW. FERRIS DR  
P.S.L. FL 34983

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Registered Agent

9/17/03  
Date

  
\_\_\_\_\_  
Signature/Incorporator

9/17/03  
Date