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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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## TRANSMITTAL LETTER

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

SUBJECT: Hair Textures, Inc.

(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: Sonia Belgrave

Name (Printed or typed)

451 Monument Road, Apt 509

Address

Jacksonville, Florida 32225

City, State & Zip

904- 476-7796

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)

## **ARTICLE I      NAME**

The name of the corporation shall be:

Hair Textures, Inc.

## **ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailling address is:

136 Nova Road  
Daytona Beach, Florida 32114

## **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

Any and All Lawfull Business

## **ARTICLE IV      SHARES**

The number of shares of stock is:

100

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

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

Sonia Belgrave , President  
451 Monument Road, Apt 509  
Jacksonville, Florida 32225

## **ARTICLE VI      REGISTERED AGENT**

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

Sonia Belgrave  
451 Monument Road, Apt 509  
Jacksonville, Florida 32225

## **ARTICLE VII      INCORPORATOR**

The name and address of the Incorporator is:

James Butler  
1184 Romaine Circle West  
Jacksonville, Florida 32225

\*\*\*\*\*

*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

9/30/03  
Date

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

9-30-03  
Date

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