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(Business Entity Name)

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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:** MEOBACHI SALON & SPA, 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:** LISA SEMONE BLAIR

Name (Printed or typed)

6850 ST. AUGUSTINE ROAD

Address

JACKSONVILLE, FL 32217

City, State & Zip

(904) 739-7256

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:  
MEOBACHI SALON & SPA, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:  
6850 ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32217

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
TO PROVIDE SERVICES FOR HAIR CARE, NAIL CARE, SKIN CARE AND BODY TREATMENTS

**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):  
LISA SEMONE BLAIR, PRESIDENT  
4436 PILGRIM WAY  
JACKSONVILLE, FL 32257-7558

**ARTICLE VI REGISTERED AGENT**

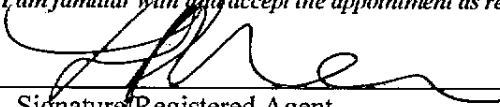
The name and Florida street address of the registered agent is:  
LISA SEMONE BLAIR  
4436 PILGRIM WAY  
JACKSONVILLE, FL 32257-7558

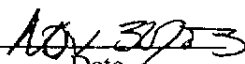
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
LISA SEMONE BLAIR  
6850 ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32217

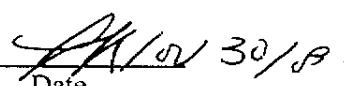
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

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

  
\_\_\_\_\_  
Date

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

  
\_\_\_\_\_  
Date

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TALLAHASSEE FLORIDA