

P04000022897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800025708208

02/05/04--01001--002 **70.00

RECEIVED
04 FEB -4 PM 2:56
DIVISION OF CONSTITUTION

FILED
04 FEB -4 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/4

TRANSMITTAL LETTER

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

SUBJECT: _____

Divine Designs INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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:

Barbara T. Huggins
Name (Printed or typed)

230 N. Olive
Address

Monticello, FL 32344
City, State & Zip

850-997-0898
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:

~~De~~ Divine Designs Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

230 N. Olive
Monticello, FL 32344

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Styling Salon Full Service

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Barbara Huggins / Channel Jordan
(President) (CEO)

ARTICLE VI REGISTERED AGENT

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

Barbara Huggins
192 Dorcas Ln
Monticello, FL

ARTICLE VII INCORPORATOR

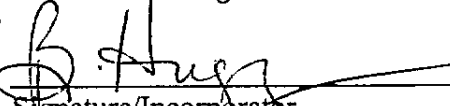
The name and address of the Incorporator is:

Barbara Huggins
230 N. Olive Monticello, FL 32344

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

2/3/04
Date


Signature/Incorporator

2/3/04
Date

FILED
04 FEB -4 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA