

P04000023702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

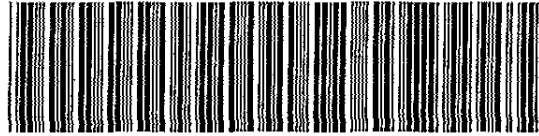
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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

TRANSMITTAL LETTER

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

SUBJECT: C. C.'s Cuts & Colors, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: CHRISTINE CHAMBERS
Name (Printed or typed)

3823 HOLIDAY ROAD
Address

PALM BEACH GARDENS, FL 33410
City, State & Zip

561 626 0213
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:

C.C.'S CUTS & COLORS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3823 HOLIDAY ROAD, PALM BEACH GARDENS, FL 33410

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE CORPORATION SHALL ENGAGE IN ANY ACTIVITY, OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES & OF THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CHRISTINE CHAMBERS - 3823 HOLIDAY RD. PALM BCH GARDENS, FL 33410
PRESIDENT

ARTICLE VI REGISTERED AGENT

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

CHRISTINE CHAMBERS - 3823 HOLIDAY RD. PALM BCH. GARDENS, FL 33410

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CHRISTINE CHAMBERS - 3823 HOLIDAY RD. PALM BCH. GARDENS, FL 33410

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

Christine P. Chambers
Signature/Registered Agent

1/26/04
Date

Christine P. Chambers
Signature/Incorporator

1/26/04
Date

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TALLAHASSEE, FLORIDA