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(Requestor's Name)

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(City/State/Zip/Phone #)

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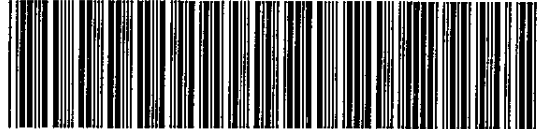
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: _____

Barbara's Beauty Salon 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:

Judith E. Boudreaux
Name (Printed or typed)

2423 DUNCAN Dr.
Address

Niceville, FL. 32578
City, State & Zip

(850) 678-3010
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

Article I: The name of the corporation shall be Barbara's Beauty Salon Inc.

Article II: The principal place of business and mailing address of Barbara's Beauty Salon Inc. shall be 117 N. Partin Drive, Niceville, Florida 32578.

Article III: The purpose of corporation shall be to provide hair care including shampoo, cuts, perms and colors.

Article IV: The number of shares of stock that this corporation is authorized to have is 100 shares.

Article V: There shall be two officers. The president shall be Judith E. Boudreaux, 2423 Duncan Dr., Niceville, Florida 32578. The vice president shall be Ellis J. Boudreaux Jr., 2423 Duncan Drive, Niceville, Florida 32578. They shall maintain a corporation bank account, keep the salon license current, and be responsible for the payment all bills incurred by the corporation.

Article VI: The initial Registered Agent shall be Judith E. Boudreaux, 2423 Duncan Drive, Niceville, Florida 32578.

Article VII: The Incorporator is Judith E. Boudreaux, 2423 Duncan Drive, Niceville, Florida 32578.

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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