

PD4000057994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

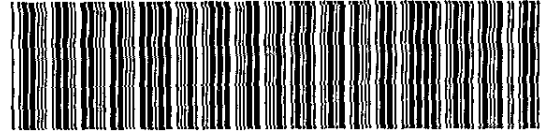
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/11

TRANSMITTAL LETTER

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

SUBJECT: Big Hair, 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: Jessica A. Mendez
Name (Printed or typed)

8975 SW 75 St.
Address

Miami, FL 33173-3438
City, State & Zip

(305) 205-7677
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:

Big Hair, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5580 NE 4thCourt, Suite 3, Miami FL 33137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Beauty Salon Services

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):

JessicaA.Mendez/ 8975 SW 75 st.Miami FL 33173 / President

James C.Wilson/ 1045 10thSt.#905,Miami Beach FL 33139/ Secretary

ARTICLE VI REGISTERED AGENT

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


Jessica A.Mendez/ 8975 SW 75 St.Miami,FL 33173

ARTICLE VII INCORPORATOR

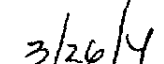
The name and address of the Incorporator is:

Jessica A. Mendez/ 8975 SW 75 st. Miami, FL 33173

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



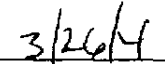
Signature/Registered Agent



Date



Signature/Incorporator



Date