

P04000087496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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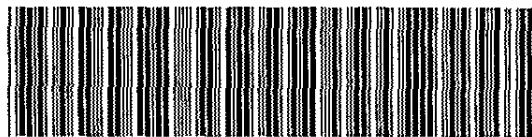
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 JUN -3 PM 3:22

CLERK OF COURT
CLERK OF COURT

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06/04

TRANSMITTAL LETTER

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

SUBJECT: Stylistic Hair Salon, 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: Gary Gobin

Name (Printed or typed)

11679 SW 144 Court

Address

Miami, Florida 33186

City, State & Zip

(305) 298-2555

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:

Stylistic Hair Salon, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11679 SW 144 Court Miami, Florida 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Hair Salon

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):

President - Gary Gobin 11679 SW 144 Court Miami, FL. 33186

Vice President - Christie Barrios 11679 SW 144 Court Miami, FL. 33186

Sec. - Christie Barrios

Treasurer - Gary Gobin

ARTICLE VI REGISTERED AGENT

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

Gary Gobin 11679 SW 144 Court Miami, FL. 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Gary Gobin 11679 SW 144 Court Miami, FL. 33186

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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CLERK OF STATE
TALLAHASSEE, FLORIDA