

PO4000110352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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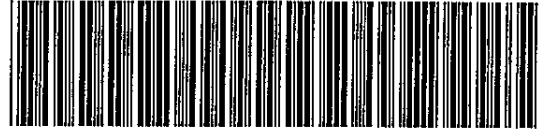
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
TALLAHASSEE, FLORIDA

09 JUL 26 PM 1:55

FILED

TA 7/27/04

## TRANSMITTAL LETTER

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

**SUBJECT:** Crossings 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:** Sabrina Jo Lugo

Name (Printed or typed)

4651 Beacon Drive

Address

Sarasota, Florida 34232

City, State & Zip

(941) 284-3101

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)

**FILED**

04 JUL 26 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### **ARTICLE I NAME**

The name of the corporation shall be:

Crossings Salon, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

5511 Fruitville Road  
Sarasota, Florida 34232

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to provide a corporate structure and means to do business. Crossings Salon, Inc. will provide cosmetic services to individual consumers.

### **ARTICLE IV SHARES**

The number of shares of stock is:

100 Shares; 50 shares owned by Sabrina Lugo and 50 shares owned by Jennifer McGarvey.

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Sabrina J. Lugo

President/Chief Executive Officer/Secretary

4651 Beacon Drive

Sarasota, Florida 34232

Jennifer A. McGarvey

Vice President/Chief Operations Officer/Treasurer

2655 Salmista Terrace

North Port, Florida 34286

### **ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Sabrina J. Lugo

4651 Beacon Drive

Sarasota, Florida 34232

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

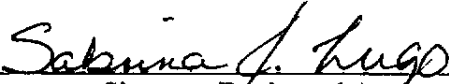
Sabrina J. Lugo

4651 Beacon Drive

Sarasota, Florida 34232

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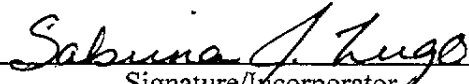
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Date



Signature/Incorporator



Date