

P04000121511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

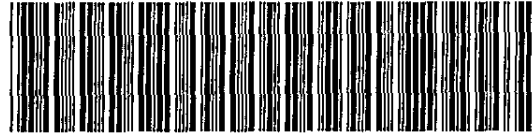
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/29/04--01058--001 **70.00

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04 AUG 23 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

104-29288
8/20

TRANSMITTAL LETTER

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

SUBJECT: RAPUNZEL HAIR STUDIOS 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: DENISE CHAPMAN

Name (Printed or typed)

11411 NW 40TH PLACE

Address

SUNRISE, FLORIDA 33323

City, State & Zip

954 748 1933

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 30, 2004

DENISE CHAPMAN
11411 NW 40TH PLACE
SUNRISE, FL 33323

SUBJECT: RAPUNZEL HAIR STUDIOS INC.
Ref. Number: W04000029222

We have received your document for RAPUNZEL HAIR STUDIOS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6878.

Alan Crum
Document Specialist
New Filings Section

Letter Number: 204A00047894

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:

RAPUNZEL HAIR STUDIOS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11411 NW 40TH PLACE

sunrise, fl. 33323

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INDEPENDENT CONTRACTOR FOR ANY & ALL LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DENISE CHAPMAN 1061 NW 45TH STREET POMPANO BEACH FLORIDA 33064 SOLE OWNER

ARTICLE VI REGISTERED AGENT

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

DENISE CHAPMAN 1061 NW 45TH STREET POMPANO BEACH FLORIDA 33064

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DENISE CHAPMAN 1061 NW 45TH STREET POMPANO BEACH FLORIDA 33064

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04 AUG 23 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Denise Chapman
Signature/Registered Agent

7-25-04

Date

Denise Chapman
Signature/Incorporator

7-25-04

Date