

PO4000122937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

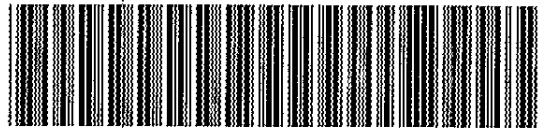
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE FLORIDA

for 8/25/04

TRANSMITTAL LETTER

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2004 AUG 25 PM 3:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

SUBJECT: The Max Hair and Nails 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: Fumiko Robinson

Name (Printed or typed)

3751 NW 7th Place

Address

Fort Lauderdale, FL 33311

City, State & Zip

954-822-6708

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:

The Max Hair and Nail Salon Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4330 W Broward Blvd Ste R
Plantation FL 33317

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
any legal business

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):

Mitsue Jackson CEO
Fumiko Robinson Director of Operations

ARTICLE VI REGISTERED AGENT

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

Fumiko Robinson
3751 NW 7th Place
Fort Lauderdale, FL 33311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Mitsue Jackson
3751 NW 7th Place
Fort Lauderdale, FL 33311

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



Signature/Incorporator

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2004 AUG 25 PM 3:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

08-01-04

Date

08-01-04

Date