

P04000128426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☒

WAIT

☐

MAIL

(Business Entity Name)

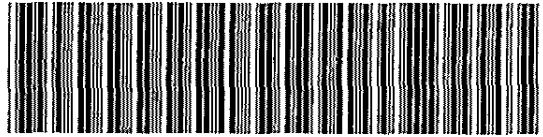
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF REGISTRATIONS
TALLAHASSEE, FLORIDA

8/9/10

TRANSMITTAL LETTER

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

SUBJECT: Shear Image Barber and Beauty Shop, 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: Shear Image Barber and Beauty Shop, Inc.

Name (Printed or typed)

915-1 Railroad Ave

Address

Tallahassee, Florida 32310

City, State & Zip

850-212-7623

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:

Shear Image Barber and Beauty Shop, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

915-1 Railroad Ave
Tallahassee, Florida 32310

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Barber and Beauty Shop

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):

Shannon Booker, President
5661 Old Hickory Lane
Tallahassee, Florida 32303

ARTICLE VI REGISTERED AGENT

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

Shannon Booker
5661 Old Hickory Lane
Tallahassee, Florida 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Shannon Booker
5661 Old Hickory Lane
Tallahassee, Florida 32303

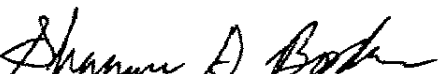
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



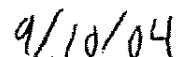
Signature/Registered Agent



Date



Signature/Incorporator



Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA