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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10-6-04

TRANSMITTAL LETTER

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

SUBJECT: GOLDEN HANDS HAIRDRESSER'S 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:

BRIAN HARLOW STRICKLAND

Name (Printed or typed)

11519 SUMMIT HAVEN BLVD N.

Address

JACKSONVILLE, FL 32258

City, State & Zip

904-476-4757

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:

Golden Hands Hairdressers Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*11519 Summer Haven Blvd. N,
JACKSONVILLE, FL. 32258*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BEAUTY SALON

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*OKSANA PUZYRENKO - STRICKLAND 11519 Summer Haven Blvd. N. JAX FL 32258 (P)
RAYISA PUZYRENKO 11519 Summer Haven Blvd. N. JAX. FL. 32258 (T)
SERGEY PUZYRENKO 11519 Summer Haven Blvd N. JAX. FL 32258 (V.P.)
BRIAN HARLOW STRICKLAND 11519 Summer Haven Blvd N. JAX FL 32258 (D.)*

ARTICLE VI REGISTERED AGENT

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

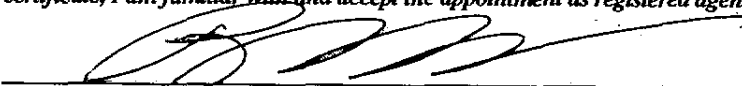
*BRIAN HARLOW STRICKLAND
11519 Summer Haven Blvd. N.
JACKSONVILLE, FL. 32258*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*BRIAN HARLOW STRICKLAND
11519 Summer Haven Blvd. N.
JACKSONVILLE, FL 32258*

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

9/28/04
Date


Signature/Incorporator

9/28/04
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 OCT -5 A 11:34

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