

P04000146928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

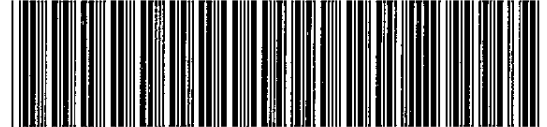
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04 OCT 26 PM 12:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
04 OCT 26 PM 12:26  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DB 10/26

## TRANSMITTAL LETTER

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

SUBJECT: Sams styled 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 — ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Samantha Cox  
Name (Printed or typed)

3327 Gallant Fox Trl  
Address

Tall Fl 32309  
City, State & Zip

850-877-8783  
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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE I NAME

The name of the corporation shall be: *Sam's Stylo Inc.*

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: *345 S. magnolia Dr Ste D-12  
Tall, Fl 32301*

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *Full service Salon*

### ARTICLE IV SHARES

The number of shares of stock is: *50*

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*President Samantha Cox 345 S. magnolia Dr Ste D-12  
Vice President Stephanie Harper 345 S. magnolia Dr. Ste D-12  
Director Sarah Shea 345 S. magnolia Dr Ste D-12 Tall Fl  
32301*

### ARTICLE VI REGISTERED AGENT

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

*Samantha Cox 3337 Gallant Fox Trl Tall Fla 32309*

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Samantha Cox 345 S. magnolia Dr Ste D-12  
Tall Fl 32301*

\*\*\*\*\*  
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]*  
\_\_\_\_\_  
Signature/Registered Agent

*10/26/04*  
\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*10/26/04*  
\_\_\_\_\_  
Date