

P05000007724

Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H05000010922 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 205-0381

From: Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

FILED  
05 JAN 14 AM 8:37  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.**

Salon TreaMadis, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

[Electronic Filing Menu](#)[Corporate Filing](#)[Public Access Help](#)JS  
1-14

ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

ARTICLE I NAME

The name of the corporation shall be:

**Salon TreaMadis, Inc.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**Salon TreaMadis, Inc.  
7186 Ontario Shores Place  
Lake Worth, FL 33467**

FILED  
05 JUN 14 AM 8:37  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**1,000 Shares at No Par Value**

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Angela Wells  
7186 Ontario Shores Place  
Lake Worth, FL 33467**

*Prepared By:*  
Bruce B. Hubbard  
77 East John St.  
Hicksville, New York 11801  
1-516-935-3940

H05000010922

**ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)**

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

**Angela Wells - President  
7186 Ontario Shores Place  
Lake Worth, FL 33467**

**ARTICLES VI INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**Angela Wells  
7186 Ontario Shores Place  
Lake Worth, FL 33467**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

13th day of January 2005.

A handwritten signature in cursive script, appearing to read "Angela Wells", is written over a horizontal line.

**Angela Wells - Signature**

H05000010922

H05000010922

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE  
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE  
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Salon TreaMadis, Inc.**

2. The name and address of the registered agent and office is:

**Angela Wells**

Name

**7186 Ontario Shores Place**


(P.O. Box or Mail Drop Box NOT Acceptable)

**Lake Worth, FL 33467**

(City / State / Zip)

FILED  
05 JAN 14 AM 8:37  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.*

  
**Angela Wells**  
SIGNATURE

**January 13, 2005**

(Date)

H05000010922