

POS800026912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

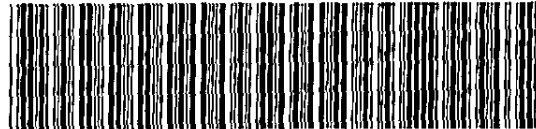
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/14/05--01071--002 **90.00

FILED

2005 FEB 14 P 3:20

U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

50-22-05
we

TRANSMITTAL LETTER

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

SUBJECT: CAROLYN'S HAIRSTYLING, INC.
(Proposed corporate name - must include suffix)

Enclosed is 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

FROM CAROLYN WISE
Name (Printed or Typed)

2096 MOBILELAND DRIVE
Address

MELBOURNE, FL 32935
City, State & Zip

321 - 751-8825
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

Filing Fee: \$ 70.00

**ARTICLE V
INCORPORATOR(S)**

See instructions for officers/directors

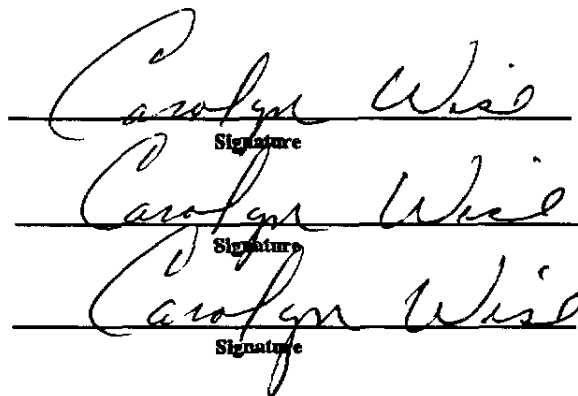
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

**CAROLYN WISE
2096 MOBILELAND DRIVE
MELBOURNE, FL 32935**

**ARTICLE VI
INITIAL OFFICER(S)/DIRECTORS(S)**

**P S T D
CAROLYN WISE
2096 MOBILELAND DRIVE
MELBOURNE, FL 32935**

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this Tenth day of February, 2005.


Signature
Signature
Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**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 DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: CAROLYN'S HAIRSTYLING, INC.
(must include suffix)

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

CAROLYN WISE
(Name)

2096 MOBILELAND DRIVE
(P.O. Box or Mail Drop Box NOT Acceptable)

MELBOURNE, FL 32935
(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Carolyn Wise
(Signature)

02-10-05
(Date)