

P05000049355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

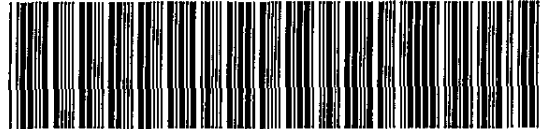
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TRANSMITTAL LETTER

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

SUBJECT: Hot Coiffey, 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: Sharon G. Hilaman

Name (Printed or typed)

4009 Harpers Ferry Dr.

Address

Tallahassee, FL 32308

City, State & Zip

(850) 980-3442

(850) 422-1554

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:

Hot Coiffey, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2268-2 Wednesday Street
Tallahassee, FL 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Hair Salon

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):

Sharon G. Hilaman, President
4009 Harpers Ferry Dr.
Tallahassee, FL 32308

Robert R. Hilaman, Vice-President
4009 Harpers Ferry Dr.
Tallahassee, FL 32308

ARTICLE VI REGISTERED AGENT

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

Sharon G. Hilaman
4009 Harpers Ferry Dr.
Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sharon G. Hilaman
4009 Harpers Ferry Dr.
Tallahassee, FL 32308

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

Sharon Hilaman
Signature/Registered Agent

4/5/05
Date

Sharon Hilaman
Signature/Incorporator

4/5/05
Date

FILED
05 APR -4 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA