

PO5000105991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

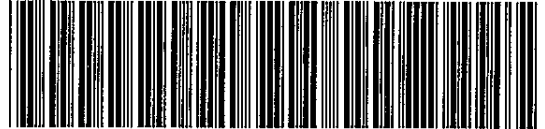
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
05 JUL 28 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/1/05

TRANSMITTAL LETTER

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

SUBJECT: Hair It Is -N- More of Palm City, 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: Khalil Mukhamedov

Name (Printed or typed)

2449 SW Summit St

Address

Port St Lucie FL 34984

City, State & Zip

772 336-9079

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:

Hair It Is -N- More of Palm City, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1127 SW Martin Downs Blvd
Palm City FL 34990

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
any and all lawful business

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):

Khalil Mukhamedov

ARTICLE VI REGISTERED AGENT

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

Khalil Mukhamedov
2449 SW Summit St
Port St Lucie FL 34984

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Khalil Mukhamedov
2449 SW Summit St
Port St Lucie FL 34984

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

7/26/05

Date



Signature/Incorporator

7/26/05

Date

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TALLAHASSEE, FLORIDA