

P05000151613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

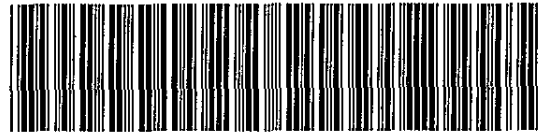
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05 NOV 14 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓

10-11-15

COVER LETTER

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

SUBJECT: Heavenly Hair And Photography 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: Lisa Shamburger  
Name (Printed or typed)

7882505 Brush Place  
Address

ORLando, Florida 32822  
City, State & Zip

(407) 658-6037  
Daytime Telephone number

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

FILED

05 NOV 14 PM 3:00

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

*Heavenly Hair and Photography, Inc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*7882 Sagebrush Place*

*Orlando, Florida 32822*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*To provide quality hair care, hair products and photography services.*

**ARTICLE IV SHARES**

The number of shares of stock is:

*The number of share of stock is 100*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

*Lisa Shamburger President/Director*

*7882 Sagebrush Place*

*Orlando, Florida 32822*

*Lynda McEady, Secretary*

*7931 Oakstone Court*

*Orlando, Florida 32822*

**ARTICLE VI REGISTERED AGENT**

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

*Lisa Shamburger*

*7882 Sagebrush Place*

*Orlando, Florida 32822*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Lisa Shamburger*

*7882 Sagebrush Place*

*Orlando, Florida 32822*

*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*

*Lisa Shamburger*  
Signature/Registered Agent

*Lisa Shamburger*  
Signature/Incorporator

*11/04/05*  
Date

*11/04/05*  
Date