

P05000164439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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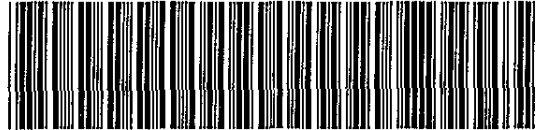
(Business Entity Name)

(Document Number)

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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Hair Place Beauty Supplies, 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: Robert W. Morgan

Name (Printed or typed)

822 6th Street North West

Address

Winter Haven, Florida 33881

City, State & Zip

(954) 793-3693

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 Place Beauty Supplies, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

822 6th Street North West  
Winter Haven, Florida 33881

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To acquire and sell beauty products at the wholesale and retail levels.

### ARTICLE IV SHARES

The number of shares of stock is:

One hundred (100) no-par-value

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Robert W. Morgan - President & CEO  
822 6th Street North West  
Winter Haven, Florida 33881

### ARTICLE VI REGISTERED AGENT

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

Robert W. Morgan  
822 6th Street North West  
Winter Haven, Florida 33881

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

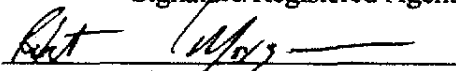
Robert W. Morgan  
822 6th Street North West  
Winter Haven, Florida 33881

\*\*\*\*\*  
*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

November 30, 2005

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

November 30, 2005

\_\_\_\_\_  
Date

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05 DEC 19 AM 9:35  
CLERK OF STATE  
TALLAHASSEE, FLORIDA