

PO6000E18953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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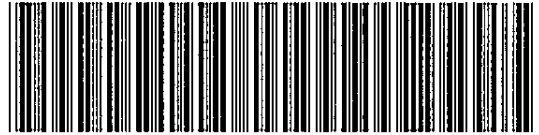
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status 1

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TALLAHASSEE, FLORIDA

2-9-06
MC

COVER LETTER

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

SUBJECT: JOY DONALDSON'S HEAVENLY HAIR STUDIO 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: JOY P. DONALDSON
Name (Printed or typed)

1342 WEBBWAY RD.
Address

TALLAHASSEE, FL. 32312
City, State & Zip

850. 309. 0202
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:

JOY DONALDSON'S HEAVENLY HAIR STUDIO INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2813 S. ADAMS ST.
TALLAHASSEE, FL. 32310

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LEGAL/LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

200 SHARES PAR VALUE OF \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JOY P. DONALDSON
2813 S. ADAMS ST.
TALLAHASSEE, FL. 32310 (President)

ARTICLE VI REGISTERED AGENT

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

JOY P. DONALDSON
2813 S. ADAMS ST.
TALLAHASSEE, FL. 32310

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOY P. DONALDSON
2813 S. ADAMS ST.
TALLAHASSEE, FL. 32310

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

Signature/Incorporator

Date

Date

FILED

06 FEB -9 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA