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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

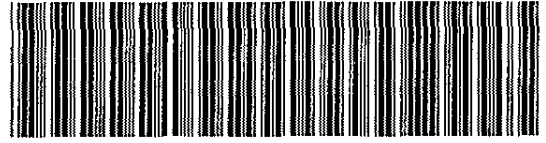
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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3-10-06
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COVER LETTER

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

SUBJECT: Style City Salon & 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: Vickie C. Jones
Name (Printed or typed)

7006 Dorn Court
Address

LaBelle, FL 33935
City, State & Zip

863-674-5705 or 954-275-4896
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:

Style City Salon & Beauty Supplies, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

175 South Lee Street, Suite 7
Labelle, FL 33935

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To offer hair products to the public, also to perform cosmetology services.

ARTICLE IV SHARES

The number of shares of stock is:

1 share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Vickie C. Jones - owner/President
7006 Dorn Court
Labelle, FL 33935

ARTICLE VI REGISTERED AGENT

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

Vickie C. Jones
7006 Dorn Court
Labelle, FL 33935

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Vickie C. Jones
7006 Dorn Court
Labelle, FL 33935

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

Vickie C. Jones
Signature/Registered Agent

3/6/06
Date

Vickie C. Jones
Signature/Incorporator

3/6/06
Date

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STATE OF FLORIDA
DEPARTMENT OF STATE