

PO60000081603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

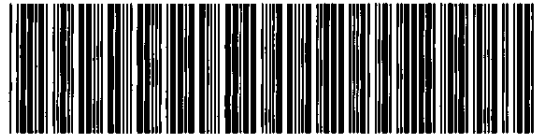
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN 14 AM 11:04

B. McKnight JUN 15 2006

PLEASE CHARGE
TO OUR ACCOUNT

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: 0721 00000 307

REFERENCE: 2014
(Sub Account)

DATE: 06/14/06

REQUESTOR NAME: ATTORNEYS' TITLE INSURANCE FUND, INC.

ADDRESS: 1965 Capital Circle NE, Suite A
Tallahassee, FL 32308

TELEPHONE: 850 - 222-2785 ext.

CONTACT NAME: Barbara Keys / CHERYL MARTIN

CORPORATION NAME:

DOCUMENT NUMBER
(If applicable)

AUTHORIZATION: Cheryl Martin

CERTIFIED COPY (1-9)
CERTIFICATE OF STATUS (1-9)
PLAIN STAMPED COPY

Call When Ready
XXXX Walk In
Mail Out

Call if Problem
Will Wait

After 2:30
Pick Up

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- TEQUESTA SALON, INC.

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

PLEASE STAMP & RETURN
THE 3 COPIES OF THE
ORIGINAL.
THANK YOU!

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

TEQUESTA SALON, INC.

ARTICLE II DURATION

This corporation shall **exist perpetually** unless dissolved according to Florida law.

ARTICLE III PURPOSE

The corporation is organized for the purpose of engaging in the business of the Beauty & Hair Salon Business and related activities as well as engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV PRINCIPAL OFFICE

The principal place of business of this corporation is 380-A Tequesta Dr., Tequesta, Fl. 33469 and the mailing address of this corporation shall be No.4900 Bimini Road, Tequesta, Florida 33469

ARTICLE V SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 Shares Common Stock No Par Value

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ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**THOMAS CAPOLINO, whose address is No. 4900 Bimini Road,
Tequesta, Florida 33469.**

ARTICLE VII INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) or more director(s) initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name and address of the initial directors of the corporation are:

**THOMAS CAPOLINO, whose address is No. 4900 Bimini Road,
Tequesta, Florida 33469.**

ARTICLE VIII INCORPORATOR

The name and address of the incorporator signing these Articles of Incorporation is:

**THOMAS CAPOLINO, whose address is No. 4900 Bimini Road,
Tequesta, Florida 33469.**

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 13th day of June, 2005.



THOMAS CAPOLINO

State of Florida

County of Palm Beach

Before me a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

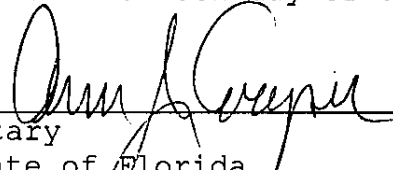
THOMAS CAPOLINO

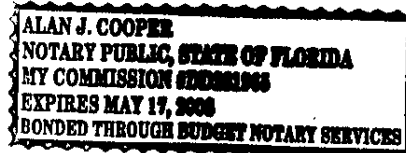

Signature

Florida Driver's License
Form of Identification

Known to me and known to be the person who executed the foregoing Articles of Incorporation, who acknowledged before me that he executed these Articles of Incorporation, that I relied upon the forms of identification of the above named person as indicated opposite his name and that an oath was not taken.

Witness my hand and official seal in the County of Palm Beach and State of Florida last aforesaid this 13th day of June, 2005.


Notary
State of Florida
My Commission expires:
Commission No.:



**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.


1. The name of the corporation is:

TEQUESTA SALON, INC.

2. The name and address of the registered agent and office is:

**THOMAS CAPOLINO, whose address is No. 4900 Bimini Road,
Tequesta, Florida 33469.**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



THOMAS CAPOLINO

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