

PO6000120247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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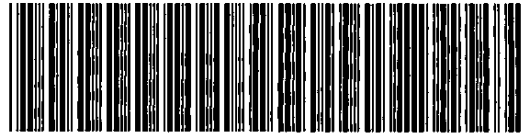
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Hair X-pressions, 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: Paul and Rachel Griffin
Name (Printed or typed)

18451 Lynn Rd
Address

North Fort Myers, FL, 33917
City, State & Zip

239-567-1018
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 X-pressions, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

13971 N. Cleveland Ave
North Fort Myers, FL 33903

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Beauty Salon

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Rachel M. Griffin - President
18451 Lynn Rd
N. Ft Myers FL 33917

Secretary

Paul A. Griffin - Vice President
18451 Lynn Rd
North Fort Myers FL,
FL 33917

Treasurer

ARTICLE VI REGISTERED AGENT

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

Rachel M. Griffin
18451 Lynn Rd
North Fort Myers, FL 33917

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Rachel M. Griffin
18451 Lynn Rd
North Fort Myers, FL 33917

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

Rachel M. Griffin
Signature/Registered Agent

9.14.06
Date

Rachel M. Griffin
Signature/Incorporator

9.14.06
Date

Rachel M. Griffin

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