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TALLAHASSEE, FLORIDA

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06 OCT 16 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Florida Association of Beauty Professionals, 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: MORIAN S. Murphy
Name (Printed or typed)

200 S. Duval St #205
Address

Tallahassee, FL 32301
City, State & Zip

850-645-7775
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:

Florida Association of Beauty Professionals, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 10437

Tallahassee, FL 32302

3304 Robinhood Rd,
Tallahassee, FL 32312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional services for Cosmetologists and barbers

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Richard B. Wallace, President

3304 Robinhood Rd, Tallahassee, FL 32312

Morian S. Murphy, Vice President

439 Beaver Lake Road, Tallahassee, FL 32312

ARTICLE VI REGISTERED AGENT

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

Morian S. Murphy

439 Beaver Lake Rd.

Tallahassee, FL 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Morian S. Murphy

439 Beaver Lake Road

Tallahassee, FL 32312

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

OCT 16 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA