

PD6000/32554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

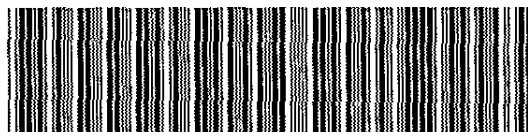
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 OCT 18 PM 4:09
CLERK OF STATE
TALLAHASSEE, FLORIDA

D. WHITE OCT 18 2006

COVER LETTER

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

SUBJECT:

Hair Right 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:

MARIA J. NIWO

Name (Printed or typed)

914 SW 101 Way

Address

Pembroke Pines, FL 33025

City, State & Zip

954-478-3198

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 Right by Jackie, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

914 SW 101 Way
Pembroke Pines, FL 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Hair Salon

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARIA J. NINO - President
914 SW 101 Way, Pembroke Pines, FL 33025
Miguel NINO - Vice President
914 SW 101 Way, Pembroke Pines, FL 33025

ARTICLE VI REGISTERED AGENT

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

MARIA J. NINO
914 SW 101 Way
Pembroke Pines FL 33025

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARIA J. NINO
914 SW 101 Way, Pembroke Pines, FL 33025

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/Incorporator / Registered Agent

Date

10.13.06

Date

FILED
06 OCT 18 PM 4: 09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA