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## **COVER LETTER**

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

SUBJECT:	WILD ROOTZ HAIR S	STUDIO, INC	<u>.</u>
	(PROPOSED CORPORATE NAM	IE - <u>MUST INCLUDE SU</u> F	FIX)
Enclosed is an origina	l and one (1) copy of the article	es of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing fee, Certified Copy & Certificate of Status
8			
F	ROM: <u>TINA KAY TY</u>	SON	<u>.</u>
	Name	(Printed or Typed)	
	•		
	7730 15 <sup>TH</sup> LAN		<u>.</u>
		Address	
	VERO BEACH	, FL 32966	·
	City	, State & Zip	
	(321) 298-3583		<u>.</u>
	Daytime 1	Telephone Number	

NOTE: Please provide the original and one copy of the articles

### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, in compliance with Chapter 607 and/or Chapter 621, F.S. (Profit), hereby adopt the following Articles of Incorporation:

## ARTICLE I

The name of the corporation shall be:

WILD ROOTZ HAIR STUDIO, INC



#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5000 N. WICKHAM ROAD SUITE A-5 MELBOURNE, FL 32940

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

10000 SHARES (COMMON)

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

P T TINA KAY TYSON 7730 15<sup>TH</sup> LANE VERO BEACH, FL 32966 VP S JACQUELINE LEIGH BLAIR 1540 CLOVER CIRCLE MELBOURNE, FL 32935

#### ARTICLE VI REGISTERED AGENT

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

TINA KAY TYSON 7730 15<sup>TH</sup> LANE VERO BEACH, FL 32966

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator(s) is(are):

TINA KAY TYSON 7730 15<sup>TH</sup> LANE VERO BEACH, FL 32966 JACQUELINE LEIGH BLAIR 1540 CLOVER CIRCLE MELBOURNE, FL 32935

Signature
Signature

## 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, SUBMIT'S THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	WILD ROOTZ HAIR STUDIO, INC	<b>:</b>		
	(must include suffix)			
2. The name and address of the registe	red agent and office is:	SEGRETARY OF	07 FEB -5 AH 3: 1.0	
TINA KAY	TYSON	55	دب	
•	(Name)	OF STATE FLORIDA	5	
7730 15 <sup>TH</sup> L.	ANEress NOT P.O. Box)			
<del></del>	CH, FL 32966 . ity, State and Zip)			

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 am familiar with and accept the appointment as registered agent and agree to act in this capacity.

(Signature) 2-1-67 (Date)