

PA7888036737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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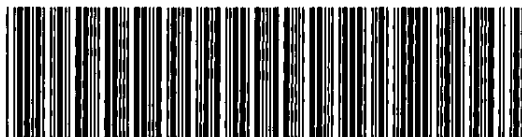
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

07 MAR 23 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: CHEVEUX SALON & SPA, INCORPORATED  
(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: KAREN E. HANKERSON  
Name (Printed or typed)

127 BULLEN LANE  
Address

PERRY, FL 32347  
City, State & Zip

850-584-1860 (W) 850-673-1860 (CEU)  
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:

CHEVEUX SAUN & SPA, INCORPORATED

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

127 BULLEN LANE  
PERRY, FL 32347

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

COSMETOLOGY - BEAUTY SALON

## ARTICLE IV SHARES

The number of shares of stock is:

1,000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

KAREN G. HANKERSON, CHIEF EXECUTIVE OFFICER

JOHNNY L. HANKERSON, CHIEF FINANCIAL OFFICER

## ARTICLE VI REGISTERED AGENT

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

KAREN G. HANKERSON  
127 BULLEN LANE  
PERRY, FL 32347

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHNNY L. HANKERSON  
127 BULLEN LANE  
PERRY, FL 32347

\*\*\*\*\*  
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

Karen G. Hankerson

Signature/Registered Agent

2/5/07

Date

Johnny L. Hankerson

Signature/Incorporator

2/5/07

Date

FILED  
07 MAR 23 AM 10:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA