

P07000114346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

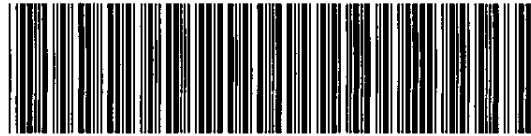
(Business Entity Name)

(Document Number)

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

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07 OCT 16 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re

## TRANSMITTAL LETTER

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

SUBJECT: HOT HEADS of MOON LAKE 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: Kimberly Alix  
Name (Printed or typed)

9040 Hermitage Cn.  
Address

Port R. Cay FL 34668  
City, State & Zip

(727) 359-6508  
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:

HOT HEADS OF MOON LAKE INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11414 RIDGE RD.  
PORT RICHY FL 34668

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit / Hair 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):

Kim Alix  
9040 Hermitage Ln.  
Port Richy FL 34668

## ARTICLE VI (REGISTERED AGENT

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

Kim Alix  
9040 Hermitage Ln.  
Port Richy FL 34668

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kim Alix  
9040 Hermitage Ln.  
Port Richy FL 34668

\*\*\*\*\*  
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

FILED  
07 OCT 16 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/21/07

Date

9/21/07

Date