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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2008

COVER LETTER

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

SUBJECT: Tracy Taylor Salon 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: Tracy Sokolowski

Name (Printed or typed)

551 nutmeg court

Address

Chuluota, FL 32766

City, State & Zip

407-977-4985

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:

Tracy Taylor Salon Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
.551 Nutmeg Court, Chuluota, FL 32766

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Hair Salon, business

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Tracy Sokolowski - owner, 551 Nutmeg Court,
Chuluota, FI 32766

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ARTICLE VI REGISTERED AGENT

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

Tracy Sokolowski, 551 Nutmeg Court, Chuluota, FL 32766

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tracy Sokolowski, 551 Nutmeg Court, Chuluota, FL 32766

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

Tracy Sokolowski
Signature/Registered Agent

Tracy Sokolowski
Signature/Incorporator

1/28/08

Date

1/28/08

Date