# P080000/6/9/

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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W0800005898



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EP 2/13/08



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 4, 2008

JOJUANIA NICOLE FAVORS 2925 NW 206 STREET MIAMI GARDENS, FL 33056

SUBJECT: PERFECT TOUCH HAIR DESIGNS

Ref. Number: W08000005898

We have received your document for PERFECT TOUCH HAIR DESIGNS and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6062.

Eula Peterson Regulatory Specialist II New Filing Section

Letter Number: 108A00007276

08 FEB 13 AM 8: 00

## **COVER LETTER**

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

SUBJECT: Perfec	t Touch Hair Designs	Inc.	
	(PROPOSED CORPORA)	ΓΕ NÄME – <u>MUST INCL</u>	
Enclosed are an origin	al and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
EROM. JOIL	uania Nicole Favors		
FROM: OOK	Name (	Printed or typed)	
<u>29</u>	925 N.W. 206 Street	ddress	·
<u>N</u>	liami Gardens, FL 330	056 State & Zip	
78	36-487-2122	lephone number	<u>.</u>

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:

# Perfect Touch Hair Designs T NC.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 2925 N.W. 206 Street
Miami Gardens, FL 33056

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

#### ARTICLE IV SHARES

The number of shares of stock is:

1

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jojuania N. Favors 2925 N.W. 206 Street Miami Gardens, FL 33056 Chief Executive Officer DIVISION OF CORPORATIONS

#### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Jojuania N. Favors 2925 N.W. 206 Street Miami Gardens, FL 33056

#### ARTICLE VII **INCORPORATOR**

The name and address of the Incorporator is: Jojuania N. Favors 2925 N.W. 206 Street Miami Gardens, FL 33056

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

1-28-08 Date