

PO8000039098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

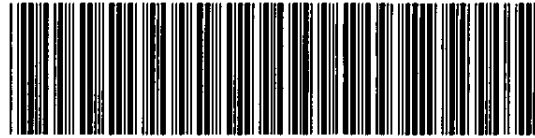
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900120489809

03/17/08--01028--012 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR 16 PM 2:02

W08000014224

EP 4/17/08

COVER LETTER

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

SUBJECT: ALL CUTS 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: MELODY J. ROBERTS
Name (Printed or typed)

P.O BOX 331328
Address

ATLANTIC BEACH FL. 32233
City, State & Zip

FAX: 904 242-2423

W: (904) 242-2421 Cell 904 401-8895.
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2008

MELODY J. ROBERTS
PO BOX 331328
ATLANTIC BEACH, FL 32233

SUBJECT: ALL-CUTS SALON INC.
Ref. Number: W08000014274

We have received your document for ALL-CUTS SALON INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears from the information given in your filing that the incorrect filing form was selected. If you are trying to file a profit corporation you need the correct form for profit.

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: 708A00016337



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 25, 2008

MELODY J. ROBERTS
PO BOX 331328
ATLANTIC BEACH, FL 32233

SUBJECT: ALL-CUTS SALON INC.
Ref. Number: W08000014274

We have received your document for ALL-CUTS SALON INC. 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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: 708A00016337



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2008

MELODY J. ROBERTS
PO BOX 331328
ATLANTIC BEACH, FL 32233

SUBJECT: ALL-CUTS SALON INC.
Ref. Number: W08000014274

We have received your document for ALL-CUTS SALON INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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: 708A00016337

RECEIVED
08 APR 16 AM 8:00
DIVISION OF CORPORATIONS

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:

ALL CUTS SALON INC.

ARTICLE II PRINCIPAL OFFICE

The principle street address and mailing address, if different is:

1447 Mayport Road Suite 4
ATLANTIC BEACH FL. 32233

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Hair Salon

ARTICLE IV SHARES

The number of shares of stock is:

3
MELODY ROBERTS 60%
CLIFFORD ROBERTS 35%
PRECIOUS J. MULVANY 5%

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MELODY J. ROBERTS, PRESIDENT
CLIFFORD L. ROBERTS, VICE PRESIDENT
PRECIOUS J. MULVANY SECRETARY

ARTICLE VI REGISTERED AGENT

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

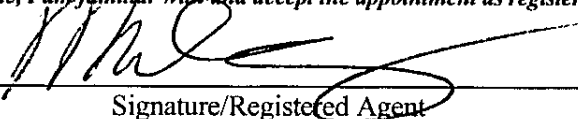
MELODY J. ROBERTS
1447 MAYPORT ROAD SUITE 4
ATLANTIC BEACH FL. 32233

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MELODY J. ROBERTS
P.O BOX 331328
ATLANTIC BEACH FL. 32233

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

Date
3-21-08

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR 16 PM 2:02