

PO8000082648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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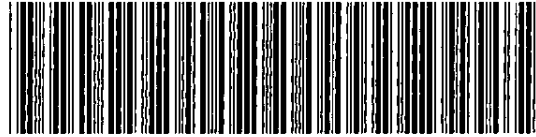
(Business Entity Name)

(Document Number)

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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: JOAN D. PAIGE, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Joan D. Paige  
Name (Printed or typed)

1016 54th Avenue North  
Address

Saint Petersburg, Florida 33703  
City, State & Zip

( 727 ) 667-5809  
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:

JOAN D. PAIGE, INC.

## ARTICLE II PRINCIPAL OFFICE

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

1016 54th Avenue North  
Saint Petersburg, Florida 33703

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Provide Hair Dressing Services

## ARTICLE IV SHARES

The number of shares of stock is:

100 Shares

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Joan D. Paige, President  
1016 54th Avenue North  
Saint Petersburg, Florida 33703

## ARTICLE VI REGISTERED AGENT

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

Joan D. Paige  
1016 54th Avenue North  
Saint Petersburg, Florida 33703

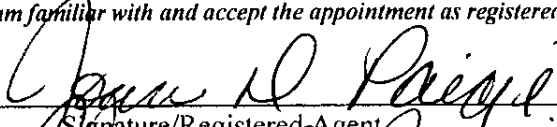
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

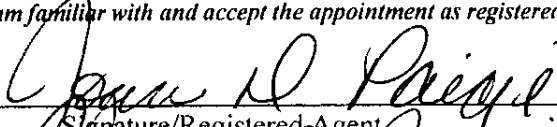
Joan D. Paige  
1016 54th Avenue North  
Saint Petersburg, Florida 33703

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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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

FILED  
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CLERK OF DISTRICT COURT  
JANESVILLE, WISCONSIN