

P09000018697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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RECEIVED
09 FEB 27 PM 4:00
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 FEB 27 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 2/27

COVER LETTER

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

SUBJECT: UNITY HAIR DESIGNS, 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: TINA ALLEN OR PAMELA COLLIER
Name (Printed or typed)

1231 W. THARPE STREET
Address

TALLAHASSEE, FLA 32303
City, State & Zip

(850) 339-9900 OR (850) 345-2191
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)

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Unity Hair Designs, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1231 W. THARPE STREET
Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

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):

TINA ALLEN - OWNER - PRESIDENT
PAM COLLIER - OWNER - PRESIDENT

ARTICLE VI REGISTERED AGENT

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

1231 W. THARPE STREET TINA ALLEN
TALLAHASSEE, FLA 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TINA ALLEN AND PAM COLLIER
1231 W. THARPE STREET
TALLAHASSEE, FLA 32303

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

Tina Allen, Pamela Collier
Signature/Registered Agent

2-27-09
Date

Tina Allen, Pamela Collier
Signature/Incorporator

2-27-09
Date