

P090000 48164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

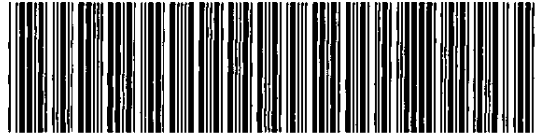
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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2009 JUN -2 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

JUN - 3 2009

EXAMINER

P09-48164

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tangles Salon, Inc.  
Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Leslie Flandreau

Contact Person

Tangles Salon

Firm/Company

125 Ulaturu Trail

Address

Palm Coast FL 32164

City, State and Zip Code

Lizzard2161@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie Flandreau at (386) 569 6550

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:



\$105.00 Filing Fees



\$113.75 Filing Fees  
and Certificate of  
Status



\$113.75 Filing Fees  
and Certified Copy



\$122.50 Filing Fees,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Profit Corporation**

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Tangles Salon LLC L05-79168  
Enter Name of Other Business Entity

2. The "Other Business Entity" is a limited liability company  
(Enter entity type. Example: limited liability company, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA  
(Enter state, or if a non-U.S. entity, the name of the country)

on August 9, 2005  
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

Tangles Salon Inc  
Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

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SECRETARY OF STATE

Signed this 15<sup>th</sup> day of May, 2009.

**Required Signature for Florida Profit Corporation:**

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Leslie Flandrian

Printed Name: Leslie Flandrian Title: Incorporator - CFO

**Required Signature(s) on behalf of Other Business Entity:** [See below for required signature(s).]

Signature: Stephen Thomas Anderson

Printed Name: Stephen Thomas Anderson Title: mgr.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**If Florida Limited Liability Company:**

Signature of a Member or Authorized Representative.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$ 8.75 (Optional)
Certificate of Status:	\$ 8.75 (Optional)

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TALLAHASSEE, FLORIDA

**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:

Tangles Salon, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

The principal place of business/mailling address is:

55 Plaza Drive Unit D-4 PalmCoast Florida 32137-1  
125 Ulaturm Trail PalmCoast Florida 32164

**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 Common

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

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

Stephen Flandreau - 125 Ulaturm Trail PalmCoast FL 32164 - President  
Leslie Flandreau - 125 Ulaturm Trail PalmCoast FL 32164 - MGR - CFO

**ARTICLE VI    REGISTERED AGENT**

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

Carol Stanton 3600 South Ocean Shore Drive Unit 914  
Flagler Beach Florida 32136

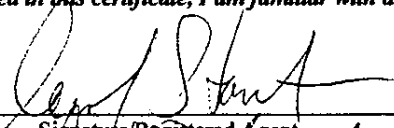
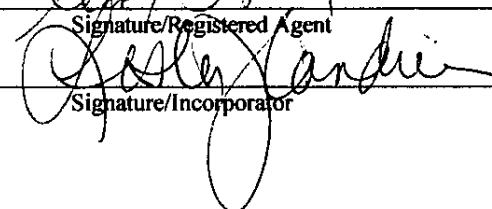
**ARTICLE VII    INCORPORATOR**

The name and address of the Incorporator is:

Leslie Flandreau - 125 Ulaturm Trail PalmCoast Florida 32164

\*\*\*\*\*

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

5/15/09  
\_\_\_\_\_  
Date  
5/15/09  
\_\_\_\_\_  
Date

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