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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

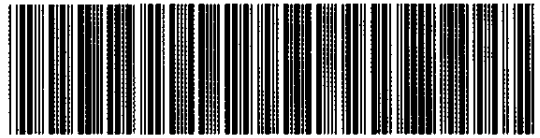
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALAHASSEE, FLORIDA

11/3

## COVER LETTER

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

SUBJECT: Salon Le'elle 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: Eboni Sims  
Name (Printed or typed)  
7306 N Main Street  
Address  
Jacksonville, FL 32208  
City, State & Zip  
904-536-2337  
Daytime Telephone number  
ebonisims@att.net  
E-mail address: (to be used for future annual report notification)

**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: *Salon Le'elle Inc*

**ARTICLE II      PRINCIPAL OFFICE**

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

*7306 N Main Street  
Jacksonville, FL 32208*

**ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

*Beauty Salon*

**ARTICLE IV      SHARES**

The number of shares of stock is:

*One*

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

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

*Eboni Sims (President)  
6734 Rhode Island DR W  
Jacksonville, FL 32209*

*Mykna Wright  
(Vice President)  
226 W 1<sup>st</sup> Street  
Jacksonville, FL  
32206*

**ARTICLE VI      REGISTERED AGENT**

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

*Eboni Sims  
6734 Rhode Island DR W  
Jacksonville, FL 32209*

**ARTICLE VII      INCORPORATOR**

The name and address of the Incorporator is:

*Eboni Sims  
6734 Rhode Island DR W  
Jacksonville, FL 32209*

\*\*\*\*\*

*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*

*Eboni Sims*

Signature/Registered Agent

*Eboni Sims*

Signature/Incorporator

*10/30/09*

Date

*10/30/09*

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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