

P1000000 4731

A Touch of Class Salon

(Requestor's Name) (Kim A. Paruti)

217 Boston Ave

(Address)

(Address)

Altamonte Springs 32701

(City/State/Zip/Phone #)

407 920-0100

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

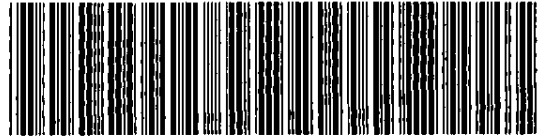
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01/04/10--01028--012 \*\*78.75

2010 JAN 15 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*[Handwritten signature]*

DATE: DECEMBER 31, 2009

DEPARTMENT OF STATE  
PO BOX 6327  
TALLAHASSEE, FLORIDA 32314

SUBJECT: A TOUCH OF CLASS SALON INC

ENCLOSED PLEASE FIND AN ORIGINAL AND ONE (1) COPY OF THE ARTICLES OF  
INCORPORATION FOR THE ABOVE CORPORATION AND A CHECK IN THE AMOUNT  
OF \$78.75.

FROM:

KIM A. PAPROCKI  
104 SHEPHERD COURT  
LONGWOOD, FL 32750



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 5, 2010

KIM A PAPROCKI  
104 SHEPHERD COURT  
LONGWOOD, FL 32750

SUBJECT: A TOUCH OF CLASS SALON INC.  
Ref. Number: W10000000318

We have received your document for A TOUCH OF CLASS 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 Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return 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) 245-6934.

Loria Poole  
Regulatory Specialist II

Letter Number: 710A00000222

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10 JAN 15 AM 10:46

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF

A TOUCH OF CLASS SALON INC

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I: NAME

THE NAME OF THE CORPORATION SHALL BE:

A TOUCH OF CLASS SALON INC

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

BUSINESS : 217 BOSTON AVE ALTAMONTE SPRINGS FL, 32701

MAILING: PO BOX 162291 ALTAMONTE SPRINGS, FL 32716-2291

ARTICLE III CAPITAL STOCK

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

500 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

KIM A PAPROCKI  
104 SHEPHERD COURT  
LONGWOOD, FL 32750

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

PERSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:

A TOUCH OF CLASS SALON INC

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

KIM A. PAPROCKI  
104 SHEPHERD COURT  
LONGWOOD, FL 32750

SIGNATURE *Kim A. Paprocki*

TITLE *President*

DATE *12/31/09*

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE *Kim A. Paprocki*

DATE *12/31/09*

ARTICLE V INCORPORATORS

THE NAME (S) AND STREET ADDRESS (ES) OF THE INCORPORATORS OF THESE ARTICLES OF INCORPORATION IS (ARE):

KIM A. PAPROCKI 104 SHEPHERD COURT LONGWOOD, FL 32750  
PAUL D. PAPROCKI, SR 104 SHEPHERD COURT LONGWOOD, FL 32750

THE UNDERSIGNED HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS

31st DAY OF DECEMBER, 2009

*Kim A. Paprocki President*  
SIGNATURE/TITLE

*Paul D. Paprocki V.P.*  
SIGNATURE/TITLE

\_\_\_\_\_  
SIGNATURE/TITLE

2010 JAN 15 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED