

PI 0000024446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

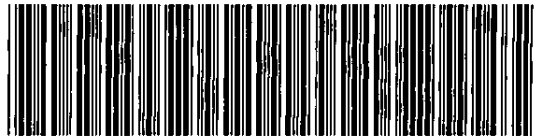
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/18/10--01029--009 **78.75

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10 MAR 18 PM 12: 01
SECRETARY OF STATE
MONTGOMERY, ALABAMA

3-19 10 CR

COVER LETTER

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

SUBJECT: Salon E. Le' Rose' 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: Marion Trice
Name (Printed or typed)

6940 Fireside Drive
Address

Port Richey, FL 34668
City, State & Zip

408-346-4850
Daytime Telephone number

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 E. Le' Rose' Inc

ARTICLE II PRINCIPAL OFFICE

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

5260 S. MacDill Ave. Tampa Fl 33611

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

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):

Marion Trice President
Erica Dorsey VP/Sec
Jeanine Hinnant Tres.
5260 S MacDill Ave
Tampa, Fl 33611

ARTICLE VI REGISTERED AGENT

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

Marion Trice 5260 MacDill Ave Tampa Fl 33611

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Marion Trice 5260 MacDill Ave Tampa Fl 33611

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MT

Signature/Registered Agent

3/5/2010

Date

MT

Signature/Incorporator

3/5/2010

Date