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SECRETARY OF STATE

# **COVER LETTER**

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

SUBJECT: Prid	me Time Beauty Supply (PROPOS	/ Inc. ED CORPORAT	E NAME – <u>MUST INCLU</u>	DE SUFFIX)
F 1 1		0.1		
Enclosed are an	original and one (1) c	opy of the artic	les of incorporation and a	check for:
■ \$70. Filing F	7 1	of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
			ADDITIONAL COR	Y REQUIRED
FROM	Michael L. Frazier Sr.		Printed or typed)	
	1562 sw fortune road			
		A	ddress	
	Port St. Lucie, Florida			<del></del>
		City, S	tate & Zip	
	772-882-2504			
		Daytime Te	ephone number	
	primetimebeautysupply	y@gmail.com		
	E-mail addi	ress: (to be used	for future annual report no	tification)

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:

PrimeTimeBeautySupply Inc.



+

## ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 249 port st. lucie blvd

Port st. lucie, Florida

34953

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: retail store

# 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):

Michael L.

249 sw port st. lucie

Frazier sr.

blvd. port st. lucie, fl

PORT ST. INCIE,

34953

#### ARTICLE VI REGISTERED AGENT

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

Michael L. Frazier Sr

249 sw port st. lucie blvd

port st. lucie, florida

34953

## ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Michael L. Frazier Sr.

249 sw port st lucie blvd

port st. lucie, florida

34953

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

	4-7-10
Signature/Registered Agent / Incorporator	Date
Signature/Incorporator	Date