

PI 0000040020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificate \_\_\_\_\_ Status \_\_\_\_\_

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HARRISBURG, PA 17120

10 MAY - 7 PM 3:03

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## COVER LETTER

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

SUBJECT: BLynn Hairstylist, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one 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: Brittany Johnson

Name (Printed or typed)

1645 Clover Circle

Address

Melbourne, Florida

2935

City, State & Zip

321-591-5999

Daytime Telephone number

blynnhairstylist@

oo.com

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:

BLynn Hairstylist, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

1645 Clover Circle Melbourne, Florida 32935

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

All purposes allowed by law

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

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

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

Brittany Johnson 1645 Clover Cir Melbourne, FL 32935

Pres. Sec &  
Tres.

**ARTICLE VI REGISTERED AGENT**

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

Brittany Johnson  
1645 Clover Circle Melbourne, Florida 32935

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Brittany Johnson  
1645 Clover Circle Melbourne, Florida 32935

\*\*\*\*\*

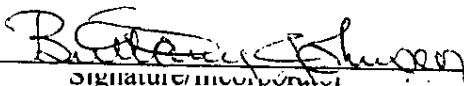
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Signature/Registered Agent

5-2-10

Date



Signature/Incorporator

Date

FILED  
10 MAY - 7 PM 3:03  
CLERK OF DISTRICT COURT  
JULIA ROSE M. JACO