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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		<u> </u>
	Office Use On	ly
		•



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FILED
OCT 12 PH 4: 34

Beach, DCT 1-3 2010

COVER LETTER

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

SUBJECT: Hair & Make-Up Artistry, Inc.				
(PROPOSED CORPORA	FE NAME – <u>MUST INCLUDE SUFFIX</u>)			
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:			
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status			
	ADDITIONAL COPY REQUIRED			
FROм: Chantal M. Gonzales				
Name	(Printed or typed)			
3054 Hawksmore Drive	ddress			
	iduless			
Orange Park, FL 32065	State & Zip			
•	5			
904-297-8788 Daytime Te	elephone number			
marnae1521@yahoo.cor E-mail address: (to be used	n 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 The name of the c	NAME orporation shall be:	tistry, Inc.		•
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address		Mailing address, if different is:	
	3054 Hawksmore Drive		awksmore Drive	
	Orange Park, FL 32065		Park, FL 32065	•
ARTICLE III				
	which the corporation is organized is:			4
Any and all I	awfuł business purposes		OCT 12	7
ARTICLE IV The number of sha	SHARES ares of stock is: 100		PH 4: TATORII	ED
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	DPS	2 2 2 E	
	itle:Chantal M Gonzales, President		:Ivan O Gonzales Sec/Treas	
Address:	3054 Hawksmore Dr.	Address:	3054 Hawksmore Dr.	
	Orange Park, FL 32065		Orange Park, FL 32065	
Name and T	Title: Sara I Casa	— Name and Title		
Address	itle: Sara J Case 3054 Hawksmore Dr.	Name and Time	•	
11001000	Orange Park, FL 32065	Madress.		
		<u> </u>		
Name and T	Title:	Name and Title		
Address:	nic.	Address:		
	REGISTERED AGENT			
	orida street address (P.O. Box NOT acceptable)	of the registered age	ent is:	
Name: Address:	Chantal M Gonzales			
Audiess.	3054 Hawksmore Dr. Orange Park, FL 32065			
	Orange Park, Fr. 52065			
ARTICLE VII				
The name and ad	dress of the Incorporator is:			
Name:	Chantal M Gonzales			
Address:	3054 Hawksmore Dr.			
	Orange Park, FL 32065			
	ned as registered agent to accept service of proce on familiar with and accept the appointment as re		agree to act in this capacity	in
(ruk	Ill holle		<u>/6-')-10</u>	
<u> </u>	Required Signature/Registered Agent		Date	
	ument and affirm that the facts stated herein a lepartreent of State constitutes a third degree felo			а
11/18	11111 ///		1/4-7-11	
Chili	Required Signature/Incorporator		Date	