

P10000092943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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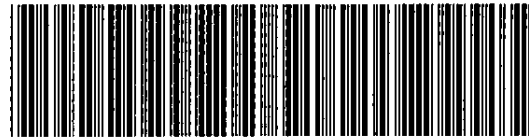
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 NOV 10 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS 11/15/10

COVER LETTER

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

SUBJECT: Ponce D' Salon, 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: Roger O'Brien

Name (Printed or typed)

P. o. Box 5501

Address

Titusville, Florida 32783-5501

City, State & Zip

321 480 6257

Daytime Telephone number

poncedesalon@gmail.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)

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ARTICLE I NAME

The name of the corporation shall be: Ponce De Salon, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2130 Ponce De Leon Circle
Vero Beach, Florida 32960

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is:
P.O. Box 5501
Titusville, Florida 32783-5501

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1000 The maximum number of shares that this corporation is authorized to have outstanding at any time is one thousand (1000) shares of common stock, on one (\$1.00) par value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tangie Russell / President
Address: 4035 Winter Terrace
Titusville, Florida 32780

Name and Title: Roger O'Brien / Vice President
Address: 4035 Winter Terrace
Titusville, Florida 32780

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Roger O'Brien
Address: 4035 Winter Terrace
Titusville, Florida 32780

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Roger O'Brien
Address: 4035 Winter Terrace
Titusville, Florida 32780

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

Roger O'Brien
Required Signature/Registered Agent

5th November, 2010
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Roger O'Brien
Required Signature/Incorporator

5th November, 2010
Date