

P10000098890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

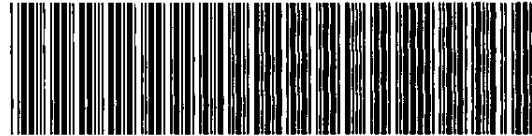
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Latreya S. Shelton GAVE
AUTHORIZATION BY PHONE TO
CORRECT Article #
DATE 12/7/10
DOC. EXAM MRD

Office Use Only



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FILED
10 DEC -6 PM 3:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRD
12/7

COVER LETTER

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

SUBJECT: Tansey Hair Boutique 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: Latrezz D. Shelton

Name (Printed or typed)

854 Grand Regency Pointe Unite

Address

Altamonte Springs, FL 32714-3580

City, State & Zip

(407) 953-7599

Daytime Telephone number

latrezzshelton@rocketmail.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

Tansey Hair Boutique Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
854 Grand Regency Pointe Unit
Altamonte Springs, FL 32714-3580

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose is to provide quality and professional hair and beauty services.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Latrezz D. Shelton/ Owner
Address: 854 Grand Regency Pointe Unit
Altamonte Springs, FL 32714-3580

Name and Title: _____
Address: _____

Name and Title: Gladys West/ Officer
Address: PO Box 367
Apopka, FL 32704-0367

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:

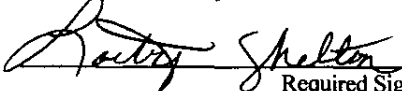
Name: Latrezz D. Shelton
Address: 854 Grand Regency Pointe Unit
Altamonte Springs, FL 32714-3580

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gladys West
Address: PO Box 367
Apopka, FL 32704-0367

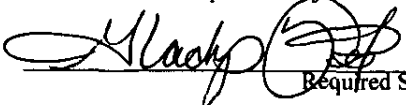
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

11/14/10
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.



Required Signature/Incorporator

11/14/2010
Date

FILED
10 DEC -6 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA