

P10000/00622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

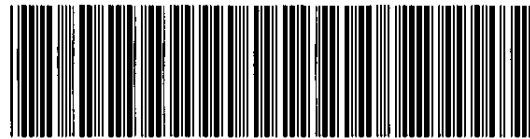
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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12/13/10--01012--011 \*\*78.75

FILED

2010 DEC 13 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Birch DEC 14 2010

COVER LETTER

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

SUBJECT: HOT HEADZ Hair Salon of HUDSON 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: Kimberly Afix  
Name (Printed or typed)

15015 US Hwy 19 Sweet F  
Address

Hudson Fl 34667  
City, State & Zip

727-645-7762  
Daytime Telephone number

~~Hot Headz of Hudson~~ Hot Headz of Hudson @yahoo.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: HOT HEADZ Hair Salon of Hudson INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

15215 US Hwy 19 Sweet F  
Hudson Fla 34667

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Profit Corp for a Hair Salon

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Kimberly Alix Pres.  
Address: 15215 US Hwy 19  
Hudson Fla 34667  
Sweet F

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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: Kimberly Alix  
Address: 15215 US Hwy 19 Sweet F  
Hudson Fla 34667

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kimberly Alix  
Address: 15215 US Hwy 19 Sweet F  
Hudson Fla 34667

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]  
Required Signature/Registered Agent

12/7/10  
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.

[Signature]  
Required Signature/Incorporator

12/7/10  
Date

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2010 DEC 13 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA