

PI 0000103928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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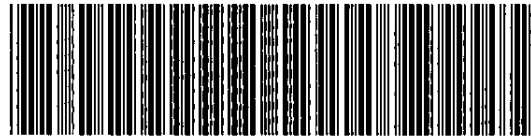
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 DEC 27 PM 2:57

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141

COVER LETTER

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

SUBJECT: NATURAL HAIR FOR ALL CULTURES BY DEE, 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: DIONNE HEWITT

Name (Printed or typed)

6350 W ATLANTIC BLVD, UNIT 2

Address

MARGATE, FL 33063

City, State & Zip

754-214-9221

Daytime Telephone number

MELSTJOHN@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)

ARTICLE I NAME NATURAL HAIR FOR ALL CULTURES BY DEE, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
6350 W ATLANTIC BLVD, UNIT 2
MARGATE, FL 33063

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is 5

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DIONNE E HEWITT, PRESIDENT
Address: 6350 W ATLANTIC BLVD
UNIT 2
MARGATE, FL 33063

Name and Title: KENYATTA BOWEN, OFFICER
Address: 8404 NW 23RD MANOR
#E
CORAL SPRINGS, FL 33065

Name and Title: BELITA N BOWEN, V.P.
Address: 8404 NW 23RD MANOR
#E
CORAL SPRINGS, FL 33065

Name and Title: _____
Address: _____

Name and Title: AKHEM BOWEN, OFFICER
Address: 8404 NW 23RD MANOR
#E
CORAL SPRINGS, FL 33065

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: DIONNE HEWITT
Address: 6350 W ATLANTIC BLVD
MARGATE, FL 33063

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DIONNE HEWITT
Address: 6350 W ATLANTIC BLVD
MARGATE, FL 33063

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

Dionne Hewitt
Required Signature/Registered Agent

11-17-10
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.

Dionne Hewitt
Required Signature/Incorporator

11-17-10
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 DEC 27 PM 2:55

APPROVED
AND
FILED