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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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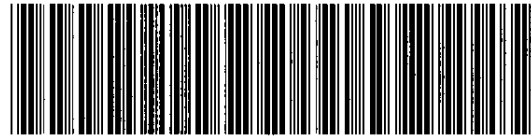
(Business Entity Name)

(Document Number)

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2011 JAN 10 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 11 2011

COVER LETTER

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

SUBJECT: HEADS TURN OF POMPANO BEACH, 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: JANICE ACQUILANO

Name (Printed or typed)

101 E. MC NAB ROAD, UNIT 323

Address

POMPANO BEACH, FL. 33060

City, State & Zip

954-290-1083

Daytime Telephone number

JANICE.ACQUILANO@YAHOO.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JAN 10 PM 1:06

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

HEADS TURN OF POMPANO BEACH, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

101 E MC NAB ROAD APT 323
POMPANO BEACH, FL 33060

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HAIR STYLIST

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **JANICE ACQUILANO PRESIDENT**

Address: 101 E. MC NAB ROAD

UNIT 323

POMPANO BEACH, FL 33060

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: **JANICE ACQUILANO**

Address: 101 E MC NAB ROAD UNIT 323

POMPANO BEACH, FL 33060

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **JANICE ACQUILANO**

Address: 101 E MC NAB ROAD UNIT 323

POMPANO BEACH, FL 33060

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

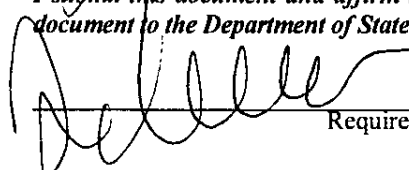
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

01/04/2011

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

01/04/2011

Date