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Special Instructions to Filing Office	er:
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### **COVER LETTER**

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

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SUBJECT: Maximum Hair Care Plys & More, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:





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

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

# ARTICLE I - NAME

The name of the corporation shall be:

MAXIMUM HAIR CARE PLUS & MORE, INC.

## ARTICLE II - PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

3608 EVANS AVENUE FORT MYERS, FL 33901

ARTICLE III - PURPOSE

The purpose for which the corporation is organized is:

"Any and all lawful business" HAIR STYLING IT MAR 20 FT 3:

# ARTICLE IV - SHARES

The number of shares of stock is:

100

# ARTICLE V - INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific titles(s)

MAXINE MITCHELL PRESIDENT 4175 CASTILLA CIR. #102 FORT MYERS, FL 33916

ARTICLE VII - REGISTERED AGENT

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

MAXINE MITCHELL 4175 CASTILLO CIR. #102 FORT MYERS, FL 33916

# ARTICLE VIII - INCORPORATOR

The name and address of the Incorporator is:

MAXINE MITCHELL 4175 CASTILLA CIR. #102 FORT MYERS, FL 33916

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/Registered Agent

Signature/Incorporator

2 /12/11 Date



Form <b>25553</b> (Rev. December 2007) Department of the Treasury		Election by a Sr (Under section 136 See Parts II and	OMB No. 1545-0146			
epartment of ternal Revenu			is form to the IRS (see separate instructi			
5	hareholders		only if all the tests are met under Who May cer has signed below; and the exact name ar			
art I	Election	Information				
	Name (see instructions)		A Employer identification number			
vpe	MAXIMUM HAIR CARE PLUS & MORE, INC.			<b>B</b> Date incorporated		
Print	Number, street, and room or suite no. (If a P.O. box, see instruction: 3608 EVANS AVENUE		Instructions.)	2/12/11		
		h, state, and ZiP code		C State of incorporation		
	FORT MYER	RS, FL 33901		FLORIDA		
		······································	ying for the EIN shown in <b>A</b> above, change	ed its 🔲 name or 🔝 address		
		effective for tax year beginning (mont				
			its first tax year in existence will usuall	y enter the		
	d tax year:	a short tax year that begins on a da	ate other than January 1.			
	Calendar y					
	•	r ending (month and day)				
· · · · · · · ·	*	ek year ending with reference to the	month of December			
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If box (	2) or (4) is	checked, complete Part II				
			e page 2), check this box if treating m	ambom of a family on and		
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Form 2553 (Rev. 12-2007)						Page 2
Part I Election In	formation (continued)					
J Name and address of each shareholder or former shareholdor required to consent to the election.	election of the above-named corporation to be an S corporation under section 1362(a) and that we have examined this consent statement, including accompanying schedules and statements, and to the best of our knowledge and belief, it is true, correct, and complete. We understand our consent is binding and may not be withdrawn after the corporation has made a valid election. (Sign and date below.)		L Stock owned or percentage of ownership (see instructions)		M Social security number or employer	N Shareholder's tax year ends
(See the instructions for column K.)			Number of shares or percentage of ownership	Date(s) acquired	identification number (see instructions)	(month and day)
	Signature	Date				
MAXINE MITCHELL 4175 CASTILLA CIR #102 FORT MYERS, FL 33916	Mafine Mitchell	2/12/11	100	2/12/2011	266-19-4655	12/31
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Form 2553 (Rev. 12-2007)