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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
4/5

COVER LETTER

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

SUBJECT: Glo Salon Incorporated

(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: Glo Salon Incorporated

Name (Printed or typed)

303 NE 3rd Avenue #11

Address

Cape Coral, FL 33909

City, State & Zip

Daytime Telephone number

paradisepros1@aol.com

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

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

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11 APR -4 PM 1:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

March 31, 2011

Department of State

Division of Corporations

P O Box 6327

Tallahassee, FL 32314

Dear Department:

I was not aware that I must file an annual report each year. As a result, my company has lapsed.

Please use the enclosed articles to set up the company. I release my previous document number

P09000044823 in order to set up a new corporation.

Thank you for your help in this matter.

Sincerely,

Natasha Williams

Natasha Williams

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

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11 APR -4 PM 1:37

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

ARTICLE I NAME

The name of the corporation shall be: Glo Salon Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address
303 NE 3rd Avenue #11
Cape Coral, FL 33909

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Beauty Salon

ARTICLE IV SHARES

The number of shares of stock is: 1000 shares @1.00 par value per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Natasha M. Williams, President</u>	Name and Title: _____
Address: <u>421 SE 13th Place</u>	Address: _____
<u>Cape Coral, FL 33990</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Natasha M. Williams, President
Address: 421 SE 13th Place
Cape Coral, FL 33990

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Natasha M. Williams
Address: 421 SE 13th Place
Cape Coral, FL 33990

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

Natasha Williams
Required Signature/Registered Agent

3/31/11
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.

Natasha Williams
Required Signature/Incorporator

3/31/11
Date