

P11000047731

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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11 MAY 20 AM 10:44

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILING CANCELLED  
RETURNED CHECK

FILED

11 MAY 20 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

gr 5/20/11  
YMD 5/20

## COVER LETTER

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

SUBJECT: Mustang Sally Enterprises, 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: Irvin Gardner, Jr.  
Name (Printed or typed)  
5032 Capital Circle SW  
Address  
Suite 2, #101  
Tallahassee, FL 32305-7886  
City, State & Zip  
850-695-6066  
Daytime Telephone number

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

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

FILINGM CANCELLED  
RETURNED CHECK

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:

Mustang Sally Enterprises, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

5032 Capital Circle SW  
Suite 2, #161  
Tallahassee, FL 32305-7886

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: 10

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

Name and Title: Irvin Gardner Jr. D.T.S. Name and Title:

Address: 5032 Capital Circle SW  
Ste 2, #161  
Tallahassee, FL 32305-7886

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: Irvin Gardner Jr.  
Address: 5032 Capital Circle SW  
Ste 2, #161  
Tallahassee, FL 32305-7886

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Irvin Gardner Jr.  
Address: 5032 Capital Circle SW  
Ste 2, #161  
Tallahassee, FL 32305-7886

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

Irvin Gardner Jr.  
Required Signature/Registered Agent

5/20/11  
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.

Irvin Gardner Jr.  
Required Signature/Incorporator

5/20/11  
Date

FILED  
11 MAY 20 PM 3:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA