

P11000055040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

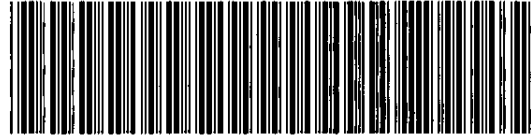
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400207988294

05/27/11--01031--009 **78.75

FILED
11 JUN 10 PM 2:45
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

W11-30216

K 06/13/11

COVER LETTER

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

SUBJECT: _____

HAIR CARE, 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: _____

WAYNE BERMAN

Name (Printed or typed)

1800 S OCEAN DR

Address

FORT LAUDERDALE FL 33316

City, State & Zip

954-328-1520

Daytime Telephone number

WAYNE@NAILSUPPLIES.COM

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

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



RECEIVED

11 JUN 10 AM 11:23

DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2011

WAYNE BERMAN
1800 S OCEAN DR
FORT LAUDERDALE, FL 33316

SUBJECT: HAIR CARE, INC
Ref. Number: W11000030216

We have received your document for HAIR CARE, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is T94000000725 (HAIR CARE).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6949.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 611A00013504

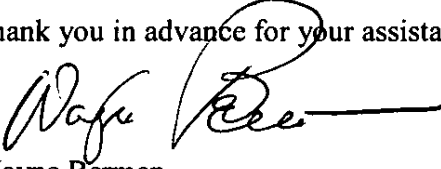
June 6, 2011

Mr Thomas Chang
Florida Dept of State
Division of Corporations
PO Box 6327
Tallahassee, Fl 32314

Mr Chang:

Per our telephone conversation this morning, this is to certify that I am also the owner of Hair Care Service Center, Inc and the trademark #T94000000725 Doc # 552572. I give permission for the use of the above for the new corporation Hair care, Inc.

Thank you in advance for your assistance in this matter.


Wayne Berman

FILED
11 JUN 10 PM 2:45
FLORIDA
TALLAHASSEE

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: HAIR CARE, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

1206 STIRLINE RD
DANIA BEACH FL 33004

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Wholesale sale of Beauty Supplies + Equipment

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WAYNE BERMAN PTIS Name and Title: _____

Address: 1800 S OCEAN DR Address: _____

FORT LAUDERDALE FL
33316

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: WAYNE BERMAN

Address: 1800 S OCEAN DR
FORT LAUDERDALE FL 33316

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WAYNE BERMAN

Address: 1800 S OCEAN DR
FORT LAUDERDALE FL 33316

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

Wayne Ber
Required Signature/Registered Agent

5/25/11
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.

Wayne Ber
Required Signature/Incorporator

5/25/11
Date

RECEIVED
JUN 10 PM 2:45
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA